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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9: 20

DOCUMENT # 819098 (5)

1. Corporation Name

JOBST INSTITUTE, INC.

Principal Place of Business	Mailing Address
5825 CARNEGIE BLVD. CHARLOTTE NC 28209 US	5825 CARNEGIE BLVD. CHARLOTTE NC 28209 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 10/18/1965
3a. Date of Last Report: 03/28/1994
4. FEI Number: 34-4468774 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional *Fee Required*
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes XX Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	METZGER, PETER
STREET ADDRESS	P.O. BOX 5529
CITY-ST-ZIP	NORWALK CT
TITLE	D
NAME	MEYER-BURGDORF, HANS
STREET ADDRESS	UNNASTRASSE 48
CITY-ST-ZIP	HAMBURG, GERMANY
TITLE	P
NAME	GRAUMAN, ROBERT
STREET ADDRESS	4322 GOSFORD PLACE
CITY-ST-ZIP	CHARLOTTE NC
TITLE	V
NAME	PEELER, DONALD H.
STREET ADDRESS	6801 LINKSIDE CT
CITY-ST-ZIP	CHARLOTTE NC
TITLE	S
NAME	DETJEN, DAVID
STREET ADDRESS	90 PARK AVENUE
CITY-ST-ZIP	NEW YORK, NY 0
TITLE	V
NAME	KILKKA, ALLAN
STREET ADDRESS	4228 SHEPHERDLEAS LANE
CITY-ST-ZIP	CHARLOTTE NC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Allan A. Kilkka Allan Kilkka 2/17/95 704/554-9933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0308060 FP