

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 819098**

1. Entity Name

BEIERSDORF-JOBST, INC.

Principal Place of Business

5825 CARNEGIE BLVD.
CHARLOTTE NC 28209
US

Mailing Address

5825 CARNEGIE BLVD.
CHARLOTTE NC 28209-4633
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D GORDON, RONALD**
STREET ADDRESS **187 DANBURY ROAD**
CITY-ST-ZIP **WILTON CT 06897**TITLE ☐ Delete
NAME **D MEYER-BURGDORF, HANS**
STREET ADDRESS **UNNASTRASSE 48**
CITY-ST-ZIP **HAMBURG, GERMANY**TITLE ☐ Delete
NAME **P WIEGEL, CLAUS**
STREET ADDRESS **5825 CARNEGIE BLVD**
CITY-ST-ZIP **CHARLOTTE NC 28209**TITLE ☐ Delete
NAME **V PEELER, DONALD H.**
STREET ADDRESS **6801 LINKSIDE CT**
CITY-ST-ZIP **CHARLOTTE NC**TITLE ☐ Delete
NAME **S DETJEN, DAVID**
STREET ADDRESS **90 PARK AVENUE**
CITY-ST-ZIP **NEW YORK, NY 0**TITLE ☐ Delete
NAME **V KILKKA, ALLAN**
STREET ADDRESS **4226 SHEPHERDLEAS LANE**
CITY-ST-ZIP **CHARLOTTE NC**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Allan Kilkka*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALLAN KILKKA VP-FINANCE

1-25-00

Date

704-551-7187

Daytime Phone #

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90213 009 ***150.00

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DO NOT WRITE IN THIS SPACE