## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

820416

(6)

KLOCKNER-MOELLER CORPORATION

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**FILED** Apr 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				ı indelbe ibira franı abrit arası arası arbit arbit arbit arbit arası arbit arası arbit arası arası					
25 FORGE PARKWAY 25 FORGE PARKWAY									
FRANKLIN MA 02038		FRANKLIN MA 02038				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						05/05/1967			
9 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	<del></del>	applied For	
	ace of Beamesa	<u> </u>	<u>├</u> 1			36-2529924		ot Applicable	
Suite, Apt.	# etc	Suite, Apl. #, etc.	Suite Ant # etc					Additional	
22	., 0.0	27	<del> </del>			5. Certificate of Status Desired		Required	
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added to Fees		
Zip	Country	Zip Country		ntry		8. This corporation owes or has paid the current y		ear Intangible	
24	25	29	30			Personal Property Tax due June 30.		□Ño	
<del></del>	9. Name and Address of Curre					10. Name and Address of New Registered	Agent		
CT	CORPORATION SYSTEM			81 1	Name				
	00 S. PINE ISLAND ROAD			82 :	Stroot Add	Iress (P.O. Box Number is Not Acceptable)			
	ANTATION FL 33324			02   1	Sireer Addi	iless (F.O. box Number is Not Acceptable)			
.0	THE PARTY			83					
							1221 75	01.	
				84 (	City	FI	_ <b> 85</b>   Zip	Code	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Stat	utes, the al	bave-r	named corp	poration submits this statement for the purpose	of changing	its registered	
office or r	egistered agent, or both, in the State m familiar with, and accept the oblic	e of Florida. Such change was	s authorizea	d by B	he corpora	tion's board of directors. I hereby accept the ap	pointment a	s registered	
	m termial with, and accept the oraș	jationa di, Section doi 2000, i	TOTICA STAT	olos.					
SIGNATURE	Signature typed or printed name of registered ag	jent and title if applicable (N	O1E: Registere	d Agent	eignature requi	red when reinstating) DATE			
12.	OFFICERS AN	ID DIRLCTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12	
TITLE	PD	☐ DELETE	1.1 TI	TLE			Change	Addition	
NAME DUDAS, NICOLAS		1.2 N/	AME				I		
STREET ADDRESS 25 FORGE PARKWAY			1.3 ST	REET AC	DRESS				
CITY-ST-ZIP FRANKLIN MA 02038			140	1Y-S1-1	ZIP				
TITLE	VID	DELETE	2.1 TI	TLE			Change	Addition	
NAME KINNER, DOUGLAS R.			2.2 NAME		1				
STREET ADDRESS 25 FORGE PARKWAY			2.3 STREET ADDRESS		ODRESS				
CITY-ST-ZIP	FRANKLIN MA 02038		2.4 C	2. 4 CITY - ST - ZIP					
TITLE	D	DELETE	3.1 TI				Change	☐ Addition	
NAME	MOELLER, GERT		3.2 N/	AME					
STREET ADDRESS HEIN MOELLER STR #7-11		3.3 \$1	3.3 STREET ADDRESS				.		
CITY-ST-ZIP	BONN, WEST GERMANY			IIY-SI-					
TITLE	V	DELETE	4.1 TI				Change	Addition	
NAME	THORNTON, THOMAS W.		4. 2 N	AME				ļ	
STREET ADDRESS	25 FORGE PARKWAY		4.3 S1	IREET AD	DDAESS			+	
CITY-ST-ZIP	FRANKLIN MA			TY-ST-	l l				
TITLE	2 - 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	DELETE	5.1 TC	_			Change	☐ Addition	
NAME			5.2 N		- 1				
STREET ADDRESS				rree1 ad	DDRESS				
CITY-ST-ZIP				TY-ST-	- 1				
TITLE		DELETE	6.1 TI				Change	☐ Addition	
NAME			6.2 N/						
1 1				TREET AL	DDRESS 1				
STREET ADDRESS						•			
CITY-ST-ZIP			6.4 Ct	TY-ST-	LII'				

14. Thereby 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 annual report or supplied ental 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 copporation 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 en an affaithment with an address. Douglas R. Klasser, CPA