

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 824841**

1. Entity Name  
**THE C.F. SAUER COMPANY**



Principal Place of Business  
**2000 WEST BROAD STREET  
RICHMOND, VA 23220**

Mailing Address  
**2000 WEST BROAD STREET  
RICHMOND, VA 23220**



01052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**54-0370900**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**U000000026932  
02/03/04-80028-006 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	T
NAME	RADER, MICHELLE T
STREET ADDRESS	2000 WEST BROAD ST
CITY-ST-ZIP	RICHMOND, VA 23220
TITLE	SCFO
NAME	UHLIK, WILLIAM
STREET ADDRESS	2000 WEST BROAD ST
CITY-ST-ZIP	RICHMOND, VA 23220
TITLE	VP
NAME	SAUER, MARK A
STREET ADDRESS	2000 WEST BROAD ST
CITY-ST-ZIP	RICHMOND, VA 23220
TITLE	PD
NAME	SAUER, C F IV
STREET ADDRESS	2000 W BROAD STR
CITY-ST-ZIP	RICHMOND, VA 23220
TITLE	D
NAME	CABELL, CHARLES L
STREET ADDRESS	2000 W BROAD STR
CITY-ST-ZIP	RICHMOND, VA 23220
TITLE	VP
NAME	JAMESON, GEORGE R
STREET ADDRESS	2000 W BROAD STR
CITY-ST-ZIP	RICHMOND, VA 23220

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/5/03**  
Date

**804 359 5786**  
Daytime Phone #