

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 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**

DO NOT WRITE IN THIS SPACE



04242006 No Chg-P CR2E034 (11/05)

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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000562605
05/19/06-80062-004 150.00

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 exemptions contained in Chapter 119, 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

4/24/06
Date

8043595786
Daytime Phone #