

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 835938

(2)

1. Corporation Name

WESTFALIA SEPARATOR, INC.



Principal Place of Business

100 FAIRWAY COURT
NORTHVALE, N. J. 07647

Mailing Address

100 FAIRWAY COURT
NORTHVALE, N. J. 07647

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/15/1976

4. FEI Number

22-1535190

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRAMPE, FRED
360 SIXTH ST SW
WINTER HAVEN FL 33880

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME SCHENK, PETER
STREET ADDRESS 100 FAIRWAY COURT
CITY-ST-ZIP NORTHVALE NJ 07647

TITLE P ☒ DELETE

NAME LEHMANN, HANNO
STREET ADDRESS 100 FAIRWAY COURT
CITY-ST-ZIP NORTHVALE NJ 07647

TITLE V ☒ DELETE

NAME HAGAN, ROBERT
STREET ADDRESS 100 FAIRWAY COURT
CITY-ST-ZIP NORTHVALE NJ 07647

TITLE V ☐ DELETE

NAME MIDDLEMANN, HERMAN
STREET ADDRESS 100 FAIRWAY COURT
CITY-ST-ZIP NORTHVALE NJ 07647

TITLE C ☒ DELETE

NAME IOZZIA, JOSEPH
STREET ADDRESS 100 FAIRWAY COURT
CITY-ST-ZIP NORTHVALE NJ 07647

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition

1.2 NAME CLEM O'DONNELL
1.3 STREET ADDRESS 100 FAIRWAY COURT
1.4 CITY-ST-ZIP NORTHVALE NJ 07647

2.1 TITLE V ☐ Change ☒ Addition

2.2 NAME GREGORY ROBINSON
2.3 STREET ADDRESS 100 FAIRWAY COURT
2.4 CITY-ST-ZIP NORTHVALE NJ 07647

3.1 TITLE C ☐ Change ☒ Addition

3.2 NAME TREVOR GOULBOURNE
3.3 STREET ADDRESS 100 FAIRWAY COURT
3.4 CITY-ST-ZIP NORTHVALE NJ 07647

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 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 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 *[Signature]*

9/28/98 201-284-6487

CR2E034 (5/98)