FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR -7 AM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 840671 (2)

1. Corporation Name
V.A.W. OF AMERICA, INCORPORATED

Principal Place of Business
ROUTE 209
P.O. BOX 667
ELLENVILLE NY 12428

Mailing Address
ROUTE 209
P.O. BOX 667
ELLENVILLE NY 12428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/17/1978
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21 / Suite, Apt #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt #, etc. 27 / City & State 28 / Zip 29 / Country 30

4. FEI Number: 14-1490085 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
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	NAME	STREET ADDRESS	CITY-ST-ZIP
SV	WILCOX, JAMES F	14 RUMSEY STREET	PT JERVIS, NY 00000
D	HERMANS, JURGEN	HANGWEG 14	ST. AUGUSTIN GE
D	SCHIRNER, JOCHEN	KIEFERNWEG 16	KONIGSWINTER, FRG
D	SCHROEDER, MANFRED F	25 AVISTA CIRCLE	ST. AUGUSTINE FL
PD	STYRING, ALBERT F.	3597 RED CLOUD TRAIL	ST AUGUSTINE FL
V	SMITH, LEON A.	COUNTY ROUTE 6	HIGH FALLS NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change / Addition
V	NOLL, GUNTER	3683 CRAZY HORSE TRAIL	ST. AUGUSTINE, FL 32086	☒ Addition
D	WOBBE, KARL-DIETER	MAXIMILIANSTRASSE 2	BONN, GERMANY	☒ Addition
D	AGTHE, KLAUS E.	5 PUTNAM HILL, APT. 4-H	GREENWICH, CN 06830	☒ Addition
V	RUSSELL, WILLIAM	721 CHARMWOOD DRIVE	ST. AUGUSTINE, FL 32086	☒ Addition
V	BRANSKI, THOMAS	4701 AVENIDA DEL RAY	GLENDALE, AZ 85310	☒ Addition
				☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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] James F. Wilcox 4/3/95 915/647-710
Vice President-Finance
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0484820 FN