

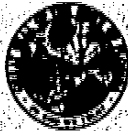
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
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95 JUN 25 PM 4:21

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 856178

1. Corporation Name

Heidelberg North America, Inc.

Principal Place of Business

Mailing Address

**121 Broadway
Dover, New Hampshire 03820**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

4/15/94

3a. Date of Last Report

1994

4. FEI Number

59-2272302

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**

Trust Fund Contribution

☐

**8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT Corporation System
1200 S. Pine Island Road
Plantation FL 33324**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE Treasurer
NAME Robert N. Cabral
STREET ADDRESS 121 Broadway
CITY-ST-ZIP Dover, NH 03820**

**1.1 TITLE Vice President / Director
1.2 NAME Ian Lyons
1.3 STREET ADDRESS 1000 Gutenberg Drive
1.4 CITY-ST-ZIP Kennesaw GA 30144**

☐ Change ☒ Addition

**TITLE Chairman
NAME Hilmar Dosch
STREET ADDRESS Kurfuersten-Anlage 52-60
CITY-ST-ZIP 69115 Heidelberg Germany**

**2.1 TITLE Director
2.2 NAME Robert A. Brown
2.3 STREET ADDRESS 121 Broadway
2.4 CITY-ST-ZIP Dover, NH 03820**

☐ Change ☒ Addition

**TITLE President
NAME Dr. Hilmar Dosch
STREET ADDRESS Kurfuersten-Anlage 52-60
CITY-ST-ZIP 69115 Heidelberg Germany**

**3.1 TITLE Director
3.2 NAME A. James Garde
3.3 STREET ADDRESS 121 Broadway
3.4 CITY-ST-ZIP Dover, NH 03820**

☐ Change ☒ Addition

**TITLE Vice President - Secretary
NAME Hugh T. Lee
STREET ADDRESS 121 Broadway
CITY-ST-ZIP Dover, NH 03820**

**4.1 TITLE Director
4.2 NAME Albert Kugler
4.3 STREET ADDRESS Kurfuersten-Anlage 52-60
4.4 CITY-ST-ZIP 69115 Heidelberg Germany**

☐ Change ☒ Addition

**TITLE Director
NAME Hans Peetz-Larsen
STREET ADDRESS 1000 Gutenberg Drive
CITY-ST-ZIP Kennesaw GA 30144**

**5.1 TITLE Director
5.2 NAME Ulrich Mauser
5.3 STREET ADDRESS Kurfuersten-Anlage 52-60
5.4 CITY-ST-ZIP Heidelberg Germany**

☐ Change ☒ Addition

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**800001524808
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****450.00 ****225.00**

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 110.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Hugh T. Lee**

6/10/95 (603) 743-5503