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 JUN 28 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**

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

4. FEI Number: **59-2272302** ☐ 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 XX 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**Treasurer** **Robert N. Cabral** **121 Broadway** **Dover, NH 03820**	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	**Vice President / Director** ☐ Change ☒ Addition **Ian Lyons** **1000 Gutenberg Drive** **Kennesaw GA 30144**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**Chairman** **Hilmar Dosch** **Kurfuersten-Anlage 52-60** **69115 Heidelberg Germany**	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	**Director** ☐ Change ☒ Addition **Robert A. Brown** **121 Broadway** **Dover, NH 03820**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**President** **Dr. Hilmar Dosch** **Kurfuersten-Anlage 52-60** **69115 Heidelberg Germany**	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	**Director** ☐ Change ☒ Addition **A. James Garde** **121 Broadway** **Dover, NH 03820**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**Vice President - Secretary** **Hugh T. Lee** **121 Broadway** **Dover, NH 03820**	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	**Director** ☐ Change ☒ Addition **Albert Kugler** **Kurfuersten-Anlage 52-60** **69115 Heidelberg Germany**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**Director** **Hans Peetz-Larsen** **1000 Gutenberg Drive** **Kennesaw GA 30144**	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	**Director** ☐ Change ☒ Addition **Ulrich Mauser** **Kurfuersten-Anlage 52-60** **Heidelberg Germany**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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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 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: Hugh T. Lee 6/16/95 (603) 743-5503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Hugh T. Lee