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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (9)**DOCUMENT #** Corporation Name HEIDELBERG NORTH AMERICA, INC. Mailing Address Principal Place of Business 121 BROADWAY 121 BROADWAY DOVER NH 03820 DOVER NH 03820 3. Date Incorporated or Qualified 3a. Date of Last Report 06/23/1995 04/19/1983 4 FELNumber Applied For 2a. Mailing Address 2. Principal Place of Business 59-2272302 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite Apt #, etc. 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Country Zıç Florida Statutes Yes No 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 82 1200 S. PINE ISLAND ROAD 83 **PLANTATION FL 33324** Zip Code 85 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent agricture required when redistating) Signature, typed or printed name of registured agent and title if applicants ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change XX Addition P DELETE. 1.1 THLE Director TITLE Dr. Herbert Meyer DOSCH, HILMAR 1.2 NAME NAME KURFUERSTEN, ANLAGE, 52-60 1.3 STREET ADDRESS Kurfuersten Anlage 52-60 STREET ADDRESS HEIDELBERG GE 1.4 CITY - ST - ZIP 69115 Heidelberg Germany CITY-ST-ZIP ☐ Change Addition 2 1 T:TLE DELETE D Director BROWN, ROBERT MR. 22 NAME Mr. Ulrich Mauser 121 BROADWAY 2.3 STREET ADDRESS STREET ADDRESS Kurfuersten Anlage 52-60 DOVER NH 03820 24 CITY - ST - ZIP CITY-ST-ZIP 69115 Heidelberg Germany Change Addition Ď DELETE 3 1 THILE Director TITLE GARDE, A.J. MR. 3.2 NAME Dr. Albert Kugler Kurfuersten Anlage 52-60 121 BROADWAY 3.3 STREET ADDRESS STREET ADDRESS 69115 Heidelberg Germany DOVER NH 03820 34 CITY - ST - ZIP CITY - ST - ZIP Change XX Addition DELETE Director 4 1 TITLE VPS TITLE LEE, HUGH T Hans Peetz-Larsen 4.2 NAME NAME 121 BROADWAY Kurfuersten Anlage 52-60 4.3 STREET ADDRESS STREET ADDRESS DOVER NH 03820 69115 Heidelberg Germany 4.4 CHY-ST-ZIP CITY-ST-ZIP Change Addition DELETE D٧ 5 1 1:TLF TIFLE LYONS, IAN 5.2 NAME NAME 1000 GUTENBERG DR. 5/3 STREET ADDRESS STREET ADDRESS KENNESAW GA 30144 5.4 CHY-\$1-ZP CITY-ST-ZiP Change ☐ Addition DELETE 6.17006 THILE CABRAL, ROBERT N. MR. 6.2 NAME NAME 121 BROADWAY 6.3 STREET ADDRESS STREET ADDRESS DOVER NH 03820 64 CiTY-ST-ZIP C+TY - ST - ZIP 14. Ido hereby certify that the information symplicd with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated crythis annual report or supplier ental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director, the constraint of 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 manged or on an attachment with an address.

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hugh T. Lee (VP/S/GC) 1/30/96 603/743-5503

CR2E034 (12/95)