

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000272

1. Entity Name

VORWERK USA COMPANY, L.P.

FILED

01 MAR 12 AM 8:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

973 Sunshine Lane  
Altamonte Springs FL 32714

Mailing Address

P.O. Box 166012  
Altamonte Springs  
FL 32716-6012

2. Principal Place of Business

926 Great Pond Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1001

DO NOT WRITE IN THIS SPACE

City & State

Altamonte Springs FLORIDA

City & State

4. FEI Number

59-3310913

Applied For

Not Applicable

Zip

Country

32714

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$4,349,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$2,599,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # F95000002517  
NAME VORWERK USA, INC.  
STREET ADDRESS 926 GREAT POND DRIVE, SUITE 1001  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

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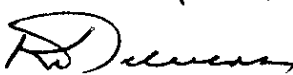
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:



K. R. Silvera

Feb 27 2001 (407) 772 2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)