

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90074 018 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                       |                     |                                                                                                                     |                                                                                                                                                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # F00000001234</b><br>1. Entity Name<br><b>VIASYSTEMS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                       |                     |                                                                                                                     |                                                                                                             |  |
| Principal Place of Business<br><b>101 SOUTH HANLEY ROAD<br/>ST. LOUIS, MO 63105</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                       |                     | Mailing Address<br><b>101 SOUTH HANLEY ROAD<br/>ST. LOUIS, MO 63105</b>                                             |                                                                                                                                                                                              |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                       | 3. Mailing Address  |                                                                                                                     |                                                                                                                                                                                              |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                       | Suite, Apt. #, etc. |                                                                                                                     |                                                                                                                                                                                              |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                       | City & State        |                                                                                                                     | 4. FEI Number<br><b>43-1777252</b>                                                                                                                                                           |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                       | Country             |                                                                                                                     | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                              |  |
| 6. Name and Address of Current Registered Agent<br><br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                       |                     |                                                                                                                     | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City _____ <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                       |                     |                                                                                                                     |                                                                                                                                                                                              |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                       |                     |                                                                                                                     |                                                                                                                                                                                              |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                       |                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                              |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                       |                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                        |                                                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>PD<br/>CONLON, TIMOTHY L<br/>101 SOUTH HANLEY ROAD, SUITE 400<br/>ST. LOUIS, MO 63105</b> <input type="checkbox"/> Delete          |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>CEO<br/>SINDELAR, DAVID M<br/>101 SOUTH HANLEY ROAD, SUITE 400<br/>ST. LOUIS, MO 63105</b> <input type="checkbox"/> Delete         |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>V<br/>WEBSTER, DAVID J<br/>101 SOUTH HANLEY ROAD, SUITE 400<br/>ST. LOUIS, MO 63105</b> <input checked="" type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <b>SR. Vice President &amp; CFO<br/>Gerald G. Sax<br/>101 S. Hanley Road, Suite 400<br/>ST. Louis, MO 63105</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>VAS<br/>CATANZARO, JOSEPH S<br/>101 SOUTH HANLEY ROAD, SUITE 400<br/>ST. LOUIS, MO 63105</b> <input type="checkbox"/> Delete       |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <b>SR. Vice Pres. &amp; Chief Compliance Officer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>AS<br/>WEBER, DANIEL J<br/>101 S. HANLEUY RD., STE 400<br/>SAINT LOUIS, MO 63105</b> <input type="checkbox"/> Delete               |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <b>Vice President, General Counsel and Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>AS<br/>WETZLER, KELLY E<br/>101 S. HANLEY RD., STE 400<br/>SAINT LOUIS, MO 63105</b> <input type="checkbox"/> Delete               |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <b>Vice President of Investor Relations and Business Development</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                            |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                                                                       |                     |                                                                                                                     |                                                                                                                                                                                              |  |
| <b>SIGNATURE:</b> <i>Gerald G. Sax</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                       |                     | 4-13-06<br>Date Daytime Phone #                                                                                     |                                                                                                                                                                                              |  |

ATTACHMENT  
 40052559  
 #F00000001234  
**VIASYSTEMS, INC.**  
 A Delaware Corporation  
 FEIN 43-1777252

**OFFICERS & DIRECTORS**

| <u>NAME</u>              | <u>TITLE</u>                                                     | <u>SSN</u>  | <u>BUSINESS ADDRESS</u>                   |
|--------------------------|------------------------------------------------------------------|-------------|-------------------------------------------|
| <b><u>Officers:</u></b>  |                                                                  |             |                                           |
| David M. Sindelar        | Chief Executive Officer                                          | 499-70-0519 | 101 S. Hanley Rd., St. Louis, MO 63105    |
| Timothy L. Conlon        | President and Chief Operating Officer                            | 201-42-8345 | 101 S. Hanley Rd., St. Louis, MO 63105    |
| Joseph S. Catanzaro      | Senior Vice President and Chief Compliance Officer               | 490-56-2097 | 101 S. Hanley Rd., St. Louis, MO 63105    |
| Gerald G. Sax            | Senior Vice President and Chief Financial Officer                | 333-56-7588 | 101 S. Hanley Rd., St. Louis, MO 63105    |
| Daniel J. Weber          | Vice President, General Counsel and Secretary                    | 487-80-4818 | 101 S. Hanley Rd., St. Louis, MO 63105    |
| Kelly E. Wetzler         | Vice President of Investor Relations<br>and Business Development | 488-76-1736 | 101 S. Hanley Rd., St. Louis, MO 63105    |
| <b><u>Directors:</u></b> |                                                                  |             |                                           |
| David M. Sindelar        |                                                                  | 499-70-0519 | 101 S. Hanley Rd., St. Louis, MO 63105    |
| Andrew Rosen             |                                                                  |             | 200 Crescent Ct., Dallas, TX 75201        |
| Timothy L. Conlon        |                                                                  | 201-42-8345 | 101 S. Hanley Rd., St. Louis, MO 63105    |
| Richard W. Vieser        |                                                                  | 143-24-1821 | 41 School St., Keene, NH 03431            |
| Christopher Steffen      |                                                                  | 363-40-2513 | 101 S. Hanley Rd., St. Louis, MO 63105    |
| Jack D. Furst            |                                                                  |             | 200 Crescent Ct., Dallas, TX 75201        |
| Robert A. Hamwee         |                                                                  | 054-66-0098 | 500 Campus Dr., Florham Park, NJ 07932    |
| Robert F. Cummings       |                                                                  | 105-42-8503 | 12 East 49th St., New York, NY 10017      |
| Diane H. Gulyas          |                                                                  | 331-54-2918 | 4417 Lancaster Pike, Wilmington, DE 19805 |
| Richard McGinn           |                                                                  | 150-38-3217 | 126 East 56th St., New York, NY 10022     |