

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91023 016 \*\*\*\*61.25

**DOCUMENT # F00000005364**

1. Entity Name  
**FRAUNHOFER CENTER FOR RESEARCH IN COMPUTER  
GRAPHICS, INC.**



Principal Place of Business  
**321 SOUTH MAIN ST  
PROVIDENCE, RI 02903**

Mailing Address  
**321 SOUTH MAIN ST  
PROVIDENCE, RI 02903**



2. Principal Place of Business  
**46025 Port Street**

3. Mailing Address  
**46025 Port Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062004 Chg-NP CR2E037 (10/03)

City & State  
**Plymouth, MI**

City & State  
**Plymouth, MI**

4. FEI Number  
**05-0473312**

Applied For  
☐ Not Applicable

Zip  
**48170**

Country  
**USA**

Zip  
**48170**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**DELOITTE & TOUCH LLP  
200 S BISCAYNE BLVD  
SUITE 400  
MIAMI, FL 33131**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE PC ☒ Delete  
NAME ENCAMACAO, JOSE  
STREET ADDRESS FRAUNHOFER IGD RUNDETURMSTR 6  
CITY-ST-ZIP 64283 DARMSTADT GERMANY,

TITLE V ☒ Delete  
NAME ZELTZER, DAVID  
STREET ADDRESS 321 SOUTH MAIN ST  
CITY-ST-ZIP PROVIDENCE, RI 02903

TITLE T ☒ Delete  
NAME KNIEJSKI, WOLFGANG  
STREET ADDRESS FRAUNHOFER IGD RUNDETURMSTR 6  
CITY-ST-ZIP D 64283 DARMSTADT GERMANY,

TITLE VS ☒ Delete  
NAME ZELTZER, DAVID  
STREET ADDRESS 321 SOUTH MAIN STREET  
CITY-ST-ZIP PROVIDENCE, RI 02903

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE P/D ☒ Change ☐ Addition  
NAME William Hartman  
STREET ADDRESS Fraunhofer USA, 46025 Port St.  
CITY-ST-ZIP Plymouth, MI 48170

TITLE T/S/D ☒ Change ☐ Addition  
NAME Erin Simmonds  
STREET ADDRESS Fraunhofer USA, 46025 Port St.  
CITY-ST-ZIP Plymouth, MI 48170

TITLE D ☒ Change ☐ Addition  
NAME Lorenz Kaiser  
STREET ADDRESS Hansastr. 27c  
CITY-ST-ZIP D-80686 Munich, Germany

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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 617, 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*William Hartman*

Date

Daytime Phone #

*20 April 2004 (734) 354-4335*