

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000007202

1. Entity Name

KUHN FARM MACHINERY INC.

FILED

Apr 10, 2001 8:00 am  
Secretary of State

04-10-2001 90055 044 \*\*\*150.00

Principal Place of Business 5390 EAST SENECA STREET NEW YORK NY 13476-0840 PO Box 840 VERNON NY 13476	Mailing Address 5390 EAST SENECA STREET NEW YORK NY 13476-0840 PO Box 840 VERNON, NY 13476
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1075665	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD SIEBERT, MICHEL 4 IMPASSE DES FABRIQUES, BP60 67700 SAVERNE, FRANCE <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SIEBERT, MICHEL 4 IMPASSE DES FABRIQUES 67700 SAVERNE, FRANCE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ENGEL, ALFRED 4 IMPASSE DES FABRIQUES, BP60 67700 SAVERNE, FRANCE <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD ENGEL, ALFRED 4 IMPASSE DES FABRIQUES 67700 SAVERNE, FRANCE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MERTZ, MARC 4 IMPASSE DES FABRIQUES, BP60 67700 SAVERNE, FRANCE <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RIEGER, ROLAND 4 IMPASSE DES FABRIQUES, BP60 67700 SAVERNE, FRANCE <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P- RIEGER, ROLAND 4 IMPASSE DES FABRIQUES 67700 SAVERNE, FRANCE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVALT, PAUL 4 IMPASSE DES FABRIQUES, BP60 67700 SAVERNE, FRANCE <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS KRIER, THIERRY 5390 EAST SENECA STREET NEW YORK NY 13476-0840 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date: MARCH 30, 2001 Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPE OF REGISTERED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)

KUHN FARM MACHINERY, INC.  
ATTACHEMENT TO UNIFORM BUSINESS REPORT

16-1075665  
2001

OFFICERS & DIRECTORS(CONT.)

DIRECTOR  
TSCHUDIN, HUGO  
215 RIVER VALE ROAD  
RIVER VALE, NJ 07675

DIRECTOR  
WHITE, SOL M.  
4614 NAVIGATION BLVD  
HOUSTON, TX 77001

VICE PRES. & DIRECTOR  
STEINER, ROLAND  
4 IMPASSE DES FABRIQUES, BP60  
67700 SAVERNE, FRANCE

Attachment  
#FB0000000000  
941707