

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90038 016 \*\*\*150.00

**DOCUMENT # F01000002155**

1. Entity Name  
**WINCOR NIXDORF INC.**

Principal Place of Business      Mailing Address  
**2400 GRAND AVENUE PARKWAY, SUITE 103**      **2400 GRAND AVENUE PARKWAY, SUITE 103**  
**AUSTIN TX 78728**      **AUSTIN TX 78728**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **74-2992654**      Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

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

## 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	STILLER, KARL H	
STREET ADDRESS	2400 GRAND AVENUE PARKWAY, SUITE 103	
CITY-ST-ZIP	AUSTIN TX 78728	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	PARRAVICINI, PIETRO	
STREET ADDRESS	2400 GRAND AVENUE PARKWAY, SUITE 103	
CITY-ST-ZIP	AUSTIN TX 78728	
TITLE	T	<input type="checkbox"/> Delete
NAME	HEIDLOFF, ECKARD	
STREET ADDRESS	2400 GRAND AVENUE PARKWAY, SUITE 103	
CITY-ST-ZIP	AUSTIN TX 78728	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SOISSON, JEFF	
STREET ADDRESS	2400 GRAND AVENUE PARKWAY, SUITE 103	
CITY-ST-ZIP	AUSTIN TX 78728	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HACKL, SCOTT	
STREET ADDRESS	2400 GRAND AVENUE PARKWAY, SUITE 103	
CITY-ST-ZIP	AUSTIN TX 78728	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR OF FINANCE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL C. WILSON, SR.	
STREET ADDRESS	2400 Grand Ave. Pkwy, Ste 103	
CITY-ST-ZIP	AUSTIN TX 78728	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOM UP TOWN	
STREET ADDRESS	2400 Grand Avenue Pkwy, Ste 103	
CITY-ST-ZIP	AUSTIN TX 78728	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Michael C. Wilson, Sr. **REQUIRED**

4/15/02      512 252-5602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)