

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90007 038 \*\*\*150.00

**DOCUMENT # F01000003076**

1. Entity Name  
**VOGT-NEM, INC.**

Principal Place of Business  
**400 DUPONT CIRCLE  
LOUISVILLE KY 40207**

Mailing Address  
**400 DUPONT CIRCLE  
LOUISVILLE KY 40207**

2. Principal Place of Business  
**4000 DUPONT CIRCLE**

3. Mailing Address  
**4000 DUPONT CIRCLE**

Suite, Apt. #, etc.  
**N/A**

Suite, Apt. #, etc.  
**N/A**

City & State  
**LOUISVILLE, KENTUCKY**

City & State  
**LOUISVILLE, KENTUCKY**

Zip  
**40207**

Country  
**USA**

Zip  
**40207**

Country  
**USA**

DO NOT WRITE IN THIS SPACE



4. FEI Number  
**61-1073313**

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  
**N/A**

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. 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HORVAY, MARC DR. 400 DUPONT CIRCLE LOUISVILLE KY 40207</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST HARMON, THOMAS C 400 DUPONT CIRCLE LOUISVILLE KY 40207</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD SPRUIJTENBURG, GER P KANAALPARK 159 2321 JW LEIDEN, NETHERLANDS</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WITTKE, ANDREAS KANAALPARK 159 2321 JW LEIDEN, NETHERLANDS</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D HORVAY, MARC DR. 4000 DUPONT CIRCLE LOUISVILLE, KY 40207</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T/D HARMON, THOMAS C. 4000 DUPONT CIRCLE LOUISVILLE, KY 40207</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

**THOMAS C. HARMON**  
SIGNING OFFICER OR DIRECTOR

1/21/02

502-899-4602

Date

Daytime Phone #

065730 SP

CR2E034 (9/01)