

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90126 001 \*\*\*150.00

**DOCUMENT # F01000003076**

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



Principal Place of Business  
**4000 DUPONT CIRCLE  
LOUISVILLE KY 40207**

Mailing Address  
**4000 DUPONT CIRCLE  
LOUISVILLE KY 40207**



2. Principal Place of Business  
**4000 Dupont Circle**

3. Mailing Address  
**4000 Dupont Circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**N/A**

**N/A**

City & State  
**Louisville, KY**

City & State  
**Louisville, KY**

Zip  
**40207**

Country  
**USA**

Zip  
**40207**

Country  
**USA**

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. 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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORVAY, MARC DR. 4000 DUPONT CIRCLE LOUISVILLE KY 40207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HARMON, THOMAS C 400 DUPONT CIRCLE LOUISVILLE KY 40207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SPRUIJTENBURG, GER P KANAALPARK 159 2321 JW LEIDEN, NETHERLANDS	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WITTKE, ANDREAS KANAALPARK 159 2321 JW LEIDEN, NETHERLANDS	<input checked="" 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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James F. Wood 82 Cambridge Street Burlington, MA 01803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Anthony A. Brandano 82 Cambridge Street Burlington, MA 01803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James S. Brantl 82 Cambridge Street Burlington, MA 01803	<input type="checkbox"/> Change <input checked="" 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

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 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.

SIGNATURE:

**SIGNATURE REQUIRED**

01/24/03

502-899-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)