

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003937

FILED
Feb 22, 2011
Secretary of State

Entity Name: CONTINENTAL GIRBAU, INC.

Current Principal Place of Business:

2500 STATE HIGHWAY 44
OSHKOSH, WI 54904

New Principal Place of Business:

Current Mailing Address:

2500 STATE HIGHWAY 44
OSHKOSH, WI 54904

New Mailing Address:

FEI Number: 39-1826789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DIRE
Name: ALAMANY, ALEX
Address: C/ARQUEBISBE ALEMANY N:9, ATIC
City-St-Zip: VIC-BARCELONA SPAIN, WI 08500 SP

Title: PRES
Name: FLOYD, MICHAEL T
Address: 4144 STONEGATE DRIVE
City-St-Zip: OSHKOSH, WI 54904

Title: DIRE
Name: RIBALTA, SANTIAGO C
Address: GALLISA 29-06B
City-St-Zip: VIC-BARACELONA 08500 SPAIN, WI 08500 SP

Title: DIRE
Name: BOVER, ANTONI G
Address: S/SAGRADA FAMILIA 20
City-St-Zip: VIC-BARACELONA 08500 SPAIN, WI 08500 SP

Title: DIRE
Name: BOVER, PERE GIRBAU
Address: PL. MAJOR 21
City-St-Zip: VIC-BARACELONA 08500 SPAIN, WI 08500 SP

Title: DIRE
Name: JUNYENT, MERCE G
Address: C/CALABRIA 17-2ON2A
City-St-Zip: VIC-BARACELONA 08500 SPAIN, WI 08500 SP

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL T FLOYD

PRES

02/22/2011

Electronic Signature of Signing Officer or Director

Date