


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000005918	
1. Entity Name BAUMANN SPRINGS NORTH AMERICA, INC.	

Principal Place of Business P.O. BOX 410167 CHARLOTTE, NC 28241-0167	Mailing Address P.O. BOX 410167 CHARLOTTE, NC 28241-0167
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DO NOT WRITE IN THIS SPACE



02092004 No Chg-P CR2E034 (10/03)

4. FEI Number 56-2302408	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000072409 03/01/04-80110-001 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTC SCHAFFLUETZEL, URS 10710 SOUTHERN LOOP BLVD PINEVILLE, NC 28134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO RUEGG, HANS R FACTORY AT CH-8734 ERMENSWIL, SWITZERLAND,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZIEGLER, RUDOLF FACTORY AT CH-8734 ERMENSWIL, SWITZERLAND,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CAUDLE, LLOYD C 2600 INTERSTATE TOWER, 121 W TRADE ST CHARLOTTE, NC 28202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <i>Janice Bolduc</i> Janice Bolduc	2-11-04 704-588-2700
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone</small>