

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000000094

1. Entity Name
HAGEMEYER NORTH AMERICA, INC.



Principal Place of Business
3300 W MONTAGUE AVE
CHARLESTON, SC 29418

Mailing Address
11680 GREAT OAKS WAY
ALPHARETTA, GA 30022



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2281578

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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
PCEO
GABRIEL, DAVID G
3300W. MONTAGUE AVE
CHARLESTON, SC 29418

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CIO
LAUER, DOUG
3300 W MONTAGUE AVE
CHARLESTON, SC 29418

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFOD
NEOCLEOUS, ANDROS
3300 W MONTAGUE AVE
CHARLESTON, SC 29418

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HIGGERSON, RICHARD
11680 GREAT OAKS WAY
ALPHARETTA, GA 30022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP
UNION, CHRIS
3300 W MONTAGUE AVE
CHARLESTON, SC 29418

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPAS
ROSENBERG, JEFFREY S
11680 GREAT OAKS WAY
ALPHARETTA, GA 30022

U00000399234
02/01/06-80001-004 300.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #