

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90385 031 ***150.00

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01222004 Chg-P CR2E034 (10/03)

DOCUMENT # F03000004754 1. Entity Name MAFI TREPEL RENTAL GMBH COMPANY					
Principal Place of Business 18 HOCHHAUSER STRASSE 97941 TAUBERBISCHOFSCHEIM, GE,			Mailing Address 18 HOCHHAUSER STRASSE 97941 TAUBERBISCHOFSCHEIM, GE,		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 98-0405688	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HIGHTOWER, EDWIN C 4434 WINDERWOOD CR. ORLANDO, FL 32835			7. Name and Address of New Registered Agent Name _____ 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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	PFEIFFER, KLAUS		NAME		
STREET ADDRESS	HOCHHAUSER STR. 18		STREET ADDRESS		
CITY-ST-ZIP	97941 TAUBERBISCHOFSCHEIM, GE,		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	KORIATH, BURKHARD		NAME		
STREET ADDRESS	HOCHHAUSER STR. 18		STREET ADDRESS		
CITY-ST-ZIP	97941 TAUBERBISCHOFSCHEIM, GE,		CITY-ST-ZIP		
TITLE	O ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	KLOTZ, ROLAND		NAME		
STREET ADDRESS	HOCHHAUSER STR. 18		STREET ADDRESS		
CITY-ST-ZIP	97941 TAUBERBISCHOFSCHEIM, GE,		CITY-ST-ZIP		
TITLE	O ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	REINHOLDT, ULRICH		NAME		
STREET ADDRESS	HOCHHAUSER STR. 18		STREET ADDRESS		
CITY-ST-ZIP	97941 TAUBERBISCHOFSCHEIM, GE,		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Roland Klotz</u> ROLAND KLOTZ <u>26-01-2004</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					