


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 DEC -5 PM 12:10

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F06000000334 1. Entity Name TUV USA, INC. <i>A member of TUV Nord Group</i>			
Principal Place of Business 11 RED ROOF LN SALEM, NH 30379		Mailing Address 11 RED ROOF LN SALEM, NH 30379	
2. Principal Place of Business - No P.O. Box # <i>215 Main St.</i>		3. Mailing Address <i>215 Main St.</i>	
Suite, Apt. #, etc. <i>Suite 3</i>		Suite, Apt. #, etc. <i>Suite 3</i>	
City & State <i>Salem, NH</i>		City & State <i>Salem, NH</i>	
Zip <i>03079</i> Country <i>USA</i>		Zip <i>03079</i> Country <i>USA</i>	
4. FEI Number 77-0048954		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 UCC FILING & SEARCH SERVICES, INC. 1574 VILLAGE SQ BLVD STE 100 TALLAHASSEE, FL 32309		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GROOTHUIS, HANS F DE WAAL 21C/POSTBUS 120 5680 AC, BEST THE NETHERLANDS,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HOPKINS, MICHAEL J 11 RED ROOF LN SALEM, NJ	<input type="checkbox"/> Delete	DP Michael J. Hopkins 215 Main St. Suite 3 Salem, NH 03079
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIMMELSBACH, JURGEN LANGERCK STRASSE 20 45141 ESSEN GERMANY,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AHLERS, MANUELA LANGERCK STRASSE 20 45141 ESSEN GERMANY,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dr. Stefan Becker Langerck strasse 20 45141 Essen Germany	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dr. Stefan Becker Langerck strasse 20 45141 Essen Germany	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP



11062008 REIN-P CR2E098 (1/07)

4. FEI Number **77-0048954** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 UCC FILING & SEARCH SERVICES, INC.
 1574 VILLAGE SQ BLVD STE 100
 TALLAHASSEE, FL 32309

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 January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">DP</td> <td style="padding: 2px;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">GROOTHUIS, HANS F</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">DE WAAL 21C/POSTBUS 120 5680 AC, BEST</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">THE NETHERLANDS,</td> <td></td> </tr> </table>	TITLE	DP	<input checked="" type="checkbox"/> Delete	NAME	GROOTHUIS, HANS F		STREET ADDRESS	DE WAAL 21C/POSTBUS 120 5680 AC, BEST		CITY-ST-ZIP	THE NETHERLANDS,		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">200138509772</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">12/05/08--01019--004</td> <td style="padding: 2px;">**150.00</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	200138509772		STREET ADDRESS	12/05/08--01019--004	**150.00	CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Delete																							
NAME	GROOTHUIS, HANS F																								
STREET ADDRESS	DE WAAL 21C/POSTBUS 120 5680 AC, BEST																								
CITY-ST-ZIP	THE NETHERLANDS,																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME	200138509772																								
STREET ADDRESS	12/05/08--01019--004	**150.00																							
CITY-ST-ZIP																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">VS</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">HOPKINS, MICHAEL J</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">11 RED ROOF LN</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">SALEM, NJ</td> <td></td> </tr> </table>	TITLE	VS	<input type="checkbox"/> Delete	NAME	HOPKINS, MICHAEL J		STREET ADDRESS	11 RED ROOF LN		CITY-ST-ZIP	SALEM, NJ		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">DP</td> <td style="padding: 2px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">Michael J. Hopkins</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">215 Main St. Suite 3</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">Salem, NH 03079</td> <td></td> </tr> </table>	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Michael J. Hopkins		STREET ADDRESS	215 Main St. Suite 3		CITY-ST-ZIP	Salem, NH 03079	
TITLE	VS	<input type="checkbox"/> Delete																							
NAME	HOPKINS, MICHAEL J																								
STREET ADDRESS	11 RED ROOF LN																								
CITY-ST-ZIP	SALEM, NJ																								
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME	Michael J. Hopkins																								
STREET ADDRESS	215 Main St. Suite 3																								
CITY-ST-ZIP	Salem, NH 03079																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">D</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">HIMMELSBACH, JURGEN</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">LANGERCK STRASSE 20</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">45141 ESSEN GERMANY,</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	HIMMELSBACH, JURGEN		STREET ADDRESS	LANGERCK STRASSE 20		CITY-ST-ZIP	45141 ESSEN GERMANY,		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	HIMMELSBACH, JURGEN																								
STREET ADDRESS	LANGERCK STRASSE 20																								
CITY-ST-ZIP	45141 ESSEN GERMANY,																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">D</td> <td style="padding: 2px;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">AHLERS, MANUELA</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">LANGERCK STRASSE 20</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">45141 ESSEN GERMANY,</td> <td></td> </tr> </table>	TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	AHLERS, MANUELA		STREET ADDRESS	LANGERCK STRASSE 20		CITY-ST-ZIP	45141 ESSEN GERMANY,		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">D</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">Dr. Stefan Becker</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">Langerck strasse 20</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">45141 Essen Germany</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Dr. Stefan Becker		STREET ADDRESS	Langerck strasse 20		CITY-ST-ZIP	45141 Essen Germany	
TITLE	D	<input checked="" type="checkbox"/> Delete																							
NAME	AHLERS, MANUELA																								
STREET ADDRESS	LANGERCK STRASSE 20																								
CITY-ST-ZIP	45141 ESSEN GERMANY,																								
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																							
NAME	Dr. Stefan Becker																								
STREET ADDRESS	Langerck strasse 20																								
CITY-ST-ZIP	45141 Essen Germany																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									

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

11/7/08 603-870-8023
Date Daytime Phone #

11/9/08