


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F06000000334 1. Entity Name TUV USA, INC. <i>A member of TUV nord Group</i>				FILED 08 DEC -5 PM 12:10 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
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 # 215 Main St.		3. Mailing Address 215 Main St.			
Suite, Apt. #, etc. Suite 3		Suite, Apt. #, etc. Suite 3			
City & State Salem, NH		City & State Salem, NH			
Zip 03079		Country USA		4. FEI Number 77-0048954	
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 <div style="text-align: right;"> FL Zip Code </div>		
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,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200138509772 12/05/08--01019--004 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HOPKINS, MICHAEL J 11 RED ROOF LN SALEM, NJ		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Dr. 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,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AHLERS, MANUELA LANGERCK STRASSE 20 45141 ESSEN GERMANY,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dr. Stefan Becker LANGERCK STRASSE 20 45141 Essen Germany	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="text-align: right;"> 11/7/08 <small>Date</small> </div> <div style="text-align: right;"> 603-870-8023 <small>Daytime Phone #</small> </div>		