2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003411

Entity Name: SCHEIDT & BACHMANN USA, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:				New Princ	New Principal Place of Business:			
31 NORTH AVENUE BURLINGTON, MA 01803								
Current Mailing Address:				New Mailing Address:				
31 NORTH AVENUE BURLINGTON, MA 01803								
FEI Number:	75-2605586	FEI Number Applie	d For ()	FEI Number Not Appl	licable()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
CT CORPORATION 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US								
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.								
SIGNATURE:								
	Electronic	Signature of Reg	gistered Agent			Date		
Election Cam	paign Financing T	rust Fund Contribu	ıtion ().					
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	C () D MILLER, NORBEF BREITE STRASSI MONCHENQLADE	RT	хх	Title: Name: Address: City-St-Zip:	() Change()Addition		
Title: Name: Address: City-St-Zip:	VC () D STRAETENER, G BREITE STRASSE MONCHENQLADE	ERD	xx	Title: Name: Address: City-St-Zip:	() Change()Addition		
Title: Name: Address: City-St-Zip:	D () D SCHNECK, PETE BREITE STRASSI MONCHENQLADE	R	xx	Title: Name: Address: City-St-Zip:	() Change()Addition		
Title: Name: Address: City-St-Zip:	D () D AUGUSTYNIAK, M BREITE STRASSI MONCHENQLADE	IATTHAIS	xx	Title: Name: Address: City-St-Zip:	() Change()Addition		
Title: Name: Address: City-St-Zip:	P () D HORN, ERICH 6 CHANDLER STE WOBURN, MA 01	REET		Title: Name: Address: City-St-Zip:	() Change()Addition		
Title: Name: Address: City-St-Zip:	VP () D MACDONALD, JO 13 STALLBROOK MEDWAY, MA 02	HN ROAD		Title: Name: Address: City-St-Zip:	TR (X MACDONALD, 13 STALLBRO MEDWAY, MA	OK ROAD		
Statutes. If	urther certify that	at the information	indicated on t	his report or suppl	emental repor	on stated in Chapter 119, Flor t is true and accurate and tha icer or director of the corpora	ıt my	

above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN MACDONALD

TR 04/30/2008

the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears