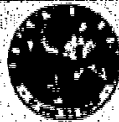


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 19 PM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F92000000739 (4)

1. Corporation Name

SUPERFOS CONSTRUCTION (U.S.), INC.

Principal Place of Business

THE LENOX BUILDING
3399 PEACHTREE RD., NE, STE. 2040
ATLANTA GA 30326-1151
US

Mailing Address

THE LENOX BUILDING
3399 PEACHTREE RD., NE, STE. 2040
ATLANTA GA 30326-1151
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/17/1992	3a. Date of Last Report 05/01/1994
4. FEI Number 54-1581765	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032. Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	GORMSEN, HANS	1.2 NAME	
STREET ADDRESS	C/O FRYDENLUND SVEJ 30, P.O. BOX 39	1.3 STREET ADDRESS	
CITY - ST - ZIP	DK 2950 VEDBAEK DE	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	AHRENKULDE, ERIK	2.2 NAME	
STREET ADDRESS	C/O FRYDENLUND SVEJ 30, P.O. BOX 39	2.3 STREET ADDRESS	
CITY - ST - ZIP	DK 2950 VEDBAEK DE	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	☒ Change ☐ Addition
NAME	BREMNER, ALEX	3.2 NAME	
STREET ADDRESS	3399 PEACHTREE RD., NE, STE. 2040	3.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☒ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☒ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☒ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEX R BREMNER

04/07/95

404-816-6040