FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F92000000739 (4)**

1. Corporation Name

SUPERFOS CONSTRUCTION (U.S.), INC.

Principal Place of Business	Mailing Address
THE LENOX BUILDING 3399 PEACHTREE RD., NE., STE. 2040 ATLANTA GA 30326-1151 US	THE LENOX BUILDING 3399 PEACHTREE RD., NE., STE. 2040 ATLANTA GA 30326-1151 US

2. Principal Place of Business	2a. Mailing Address
21 381 Twitchell Rd.	26 P.O. Box 8065
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Dothan, Al.	28 Dothan, Al.
Zip / Country	Zip / Country
24 36303 / 25 U.S.A.	29 36304 / 30 U.S.A.

3. Date Incorporated or Qualified: 12/17/1992
3a. Date of Last Report: 04/19/1995
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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	GORMSEN, HANS		1.2 NAME	Gormsen, Hans	
STREET ADDRESS	C/O FRYDENLUNDSVEJ 30, P.O. BOX 39		1.3 STREET ADDRESS	c/o Frydenlundsvej 30, P.O. Box 39	
CITY-ST-ZIP	DK 2950 VEDBAEK DE		1.4 CITY-ST-ZIP	DK 2950 Vedbaek DE	
TITLE	D	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	TORRENCE, SAMUEL M.		2.2 NAME	Torrence, Samuel M.	
STREET ADDRESS	1020 TWITCHELL RD		2.3 STREET ADDRESS	381 Twitchell Road	
CITY-ST-ZIP	DOTHAN AL		2.4 CITY-ST-ZIP	Dothan, Al. 36303	
TITLE	DS	☒ DELETE	3.1 TITLE	D ST VP	☐ Change ☒ Addition
NAME	BREMNER, ALEX		3.2 NAME	Palmer, R. Alan	
STREET ADDRESS	PO BOX 39 N/A		3.3 STREET ADDRESS	381 Twitchell Road	
CITY-ST-ZIP	DK 2950 VEDBAEK DE		3.4 CITY-ST-ZIP	Dothan, Al. 36303	
TITLE	D	☐ DELETE	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	OWENS, CHARLES E.		4.2 NAME	Owens, Charles E.	
STREET ADDRESS	1020 TWITCHELL RD		4.3 STREET ADDRESS	381 Twitchell Road	
CITY-ST-ZIP	DOTHAN AL FL		4.4 CITY-ST-ZIP	Dothan, Al. 36303	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	JARVIS, CHARLES		5.2 NAME	Hojland, Peter	
STREET ADDRESS	819 W FIRST ST		5.3 STREET ADDRESS	P.O. Box 39 N/A	
CITY-ST-ZIP	HUTCHINSON KS		5.4 CITY-ST-ZIP	DK 2950 Vedbaek DE	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	Moller, Per	
STREET ADDRESS			6.3 STREET ADDRESS	P.O. Box 39 N/A	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	DK 2950 Vedbaek DE	

CR2E034 (12/95)

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 119.07(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 on an attachment with an address.

SIGNATURE: R. Alan Palmer — 3-8-96 — (334) 794-2198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #