## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9300000817

1. Corporation Name

KUSINAG AG

FILED
Mar 13, 1999 8:00 am
Secretary of State

03-13-1999 90002 007 \*\*\*450.00

Principal Place	e of Business	Ma	ailing Address				I (00)/100 1119 16/60 Killt 00/1/ 00/1/ 40/1/ 40/1/ 40/1/ 40/1/	
1777 NE EXPRESSWAY 1777 NE EXPRESSWAY								
145								
ATLANTA GA 30329-2440 ATLANTA GA 30329-2440							DO NOT WRITE IN THIS SPACE	_
US		US					3. Date Incorporated or Qualifed 02/17/1993	
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number Applied For	
21		26					NOT APPLICABLE Not Applicable	_
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired  \$8.75 Additional	
22		27					5. Certificate of Status Desired Fee Required	_
City & State	te	.	City & State				6. Election Campaign Financing \$5.00 May Be	= :
23		28					Trust Fund Contribution Added to Fees	4
Zip	Country	<u> </u>	Zip		untry		8. This corporation owes the current year Intangible  Personal Property Tax.	
24	25	29		30	<u> </u>		Totaliar Fibrary	-{
	9. Name and Address of Cur	rent Regis	tered Agent		81	Name	10. Name and Address of New Registered Agent	-{
SCH	NEIDER, RETO J				"'	Name		
	BAYMEADOWS WAY WEST				82	Street Ad	dress (P.O. Box Number is Not Acceptable)	
	KSONVILLE FL 32256							-
JACI	NOOTAVILLE I E OEESO				83		·	
					84	City	FL 85 Zip Code	
dd Durauant	to the previous of Sections 607	0502 and 6	07 1508 Florida Statut	or the s	hove	a-named co	progration submits this statement for the purpose of changing its registered	-
I office or re	registered agent, or both, in the St	ate of Floric	la. Such change was a	uthorize	d by	tne corpora	ation's board of directors. I hereby accept the appointment as registered	
agent. I a	rm familiar with, and accept the ob	ligations of,	Section 607.0505, Flo	rida Stat	tutes.	•		-
SIGNATURE			Y-adjackle (AIOTE	- Banatara	4 4 4 4 4 4	t eignatura maui	uired when reinstating)	1
	Signature, typed or printed name of registered	agent and title						1.
42	OFFICERS							- 1
12.		AND DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Additio	
TITLE	DC		CTORS	<b>13.</b>	ITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	) (S)
TITLE NAME	DC BODMER, ROBERT		CTORS	13. 1.1 T 12 N	ITLE IAME		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	3(1)
TITLE NAME STREET ADDRESS	DC BODMER, ROBERT C/O SPITALGASSE 2		CTORS	13. 1.1 T 12 N 1.3 S	ITLE IAME	ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BODMER, ROBERT		CTORS	13. 1.1 T 12 N 1.3 S 14 C	ITLE IAME TREET	ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DC BODMER, ROBERT C/O SPITALGASSE 2		CTORS DELETE	13. 1.1 T 12 N 1.3 S 14 C 2.1 T	ITLE IAME STREET STY-ST	ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Additio	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DC BODMER, ROBERT C/O SPITALGASSE 2 3001 BERN, SWITZERLAND		CTORS DELETE	13. 1.1 T 12 N 1.3 S 14 C 2.1 T 2.2 N	ITLE IAME STREET STY-ST	ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Additio	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DC BODMER, ROBERT C/O SPITALGASSE 2 3001 BERN, SWITZERLAND		CTORS DELETE	13. 1.1 T 12 N 1.3 S 14 C 2.1 T 2.2 N 2.3 S	ITLE IAME STREET ITLE ITLE IAME ITLE IAME	ADDRESS T-ZIP ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Additio	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BODMER, ROBERT C/O SPITALGASSE 2 3001 BERN, SWITZERLAND		CTORS DELETE	13. 1.1 T 12 N 1.3 S 14 C 2.1 T 2.2 N 2.3 S	ITLE IAME ITTE ITTY-ST ITLE IAME ITREET	ADDRESS T-ZIP ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Additio	in .
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DC BODMER, ROBERT C/O SPITALGASSE 2 3001 BERN, SWITZERLAND		CTORS  DELETE  DELETE	13. 1.1 T 12 N 1.3 S 14 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T	ITLE IAME STREET STY-ST ITLE IAME STREET CITY-S	ADDRESS T-ZIP ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Additio	in .
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DC BODMER, ROBERT C/O SPITALGASSE 2 3001 BERN, SWITZERLAND		CTORS  DELETE  DELETE	13. 1.1 T 12 N 1.3 S 14 C 2.1 T 2.2 N 2.3 S 2.4 G 3.1 T 3.2 N	ITLE IAME ITTLE ITTLE IAME ITTLE IAME ITTLE ITTLE ITTLE ITTLE ITTLE ITTLE	ADDRESS T-ZIP  ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Additio	in .
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DC BODMER, ROBERT C/O SPITALGASSE 2 3001 BERN, SWITZERLAND		CTORS  DELETE  DELETE	13. 1.1 T 12 N 1.3 S 14 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S	TITLE  IAME  ITTLE  ITTLE  IAME  IAME  ITTLE  IAME  ITTLE  IAME  ITTLE  IAME  ITTLE  IAME  IAME  IAME	ADDRESS T-ZIP ADDRESS T-ZIP T ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Additio	in .
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BODMER, ROBERT C/O SPITALGASSE 2 3001 BERN, SWITZERLAND		CTORS  DELETE  DELETE	13. 1.1 T 12 N 1.3 S 14 C 2.1 T 2.2 N 2.3 S 2.4 G 3.1 T 3.2 N 3.3 S 3.4 G	ITLE ITTLE ITTLE ITTLS I	ADDRESS T-ZIP ADDRESS T-ZIP T ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Additio	on on
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	DC BODMER, ROBERT C/O SPITALGASSE 2 3001 BERN, SWITZERLAND		CTORS  DELETE  DELETE	13. 1.1 T 12 N 1.3 S 14 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T	ITLE  IAME  TREET  ITLE  IAME  ITLE  IAME  ITLE  ITTLE	ADDRESS T-ZIP ADDRESS T-ZIP T ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Additio	on on
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME	DC BODMER, ROBERT C/O SPITALGASSE 2 3001 BERN, SWITZERLAND		CTORS  DELETE  DELETE	13.3 1.1 T 12 N 1.3 S 14 C 2.1 T 22 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 P	ITLE IAME ITREET ITLE IAME ITREET ITLE IAME ITREET ITLE IAME ITLE IAME ITREET ITLE IAME ITTEET ITTEE I	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Additio	on on
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DC BODMER, ROBERT C/O SPITALGASSE 2 3001 BERN, SWITZERLAND		CTORS  DELETE  DELETE	13. 1.1 T 12 N 1.3 S 14 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 N	ITTLE  IAME STREET  ITTLE  IAME STREET  IAME STREET  IAME  IAME  ITTLE  IAME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Additio	on on
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BODMER, ROBERT C/O SPITALGASSE 2 3001 BERN, SWITZERLAND		CTORS  DELETE  DELETE	13.3 1.1 T 12 N 1.3 S 14 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 P 4.3 S 4.4 C	TITLE  ITTLE  IT	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Additio	on On
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DC BODMER, ROBERT C/O SPITALGASSE 2 3001 BERN, SWITZERLAND		CTORS  DELETE  DELETE  DELETE	13.3 1.1 T 12 N 1.3 S 14 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 P 4.3 S 4.4 C 5.1 T	TITLE  ITTLE  IT	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Additio  Change Additio	on On
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DC BODMER, ROBERT C/O SPITALGASSE 2 3001 BERN, SWITZERLAND		CTORS  DELETE  DELETE  DELETE	13.3 1.1 T 12 N 1.3 S 14 C 2.1 T 22 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 P 4.3 S 4.4 C 5.1 T 5.2 N	ITTLE	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Additio  Change Additio	on On
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DC BODMER, ROBERT C/O SPITALGASSE 2 3001 BERN, SWITZERLAND		CTORS  DELETE  DELETE  DELETE	13.3 1.1 T 12 N 1.3 S 14 C 2.1 T 22 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 P 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S	ITTLE	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Additio  Change Additio	on On
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BODMER, ROBERT C/O SPITALGASSE 2 3001 BERN, SWITZERLAND		CTORS  DELETE  DELETE  DELETE	13.3 1.1 T 12 N 1.3 S 14 C 2.1 T 22 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 P 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C	ITTLE	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Additio  Change Additio	on on
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DC BODMER, ROBERT C/O SPITALGASSE 2 3001 BERN, SWITZERLAND		CTORS  DELETE  DELETE  DELETE	13. 1.1 T 12 N 1.3 S 14 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 . C 4.1 T 4.2 N 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 6.6 C 6.7 T 6.7 S 6.7	TITLE  LAME TREET TITLE  LAME TREET CITY-S TITLE  LAME TREET CITY-S TITLE  LAME TREET CITY-S TITLE  LAME TREET TITLE	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Additio  Change Additio  Change Additio	on on
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BODMER, ROBERT C/O SPITALGASSE 2 3001 BERN, SWITZERLAND		CTORS  DELETE  DELETE  DELETE	13. 1.1 T 12 N 1.3 S 14 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 P 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C 6.1 T 6.2 N 6.1 T 6.2 N 6.1 T 6.2 N 6.3 S 6.4 C 6.1 T 6.4 C 6.5 S 6.6 S 6.7 S	TITLE  IAME  TREET  TITLE  IAME  TREET  TITLE  IAME  TREET  TITLE  IAME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Additio  Change Additio  Change Additio	on on

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 op an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR