

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

FILED  
Jan 25 1996 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000000413 (4)

1. Corporation Name

LOTEPRO CORPORATION

Principal Place of Business

Mailing Address

MOUNT PLEASANT CORPORATE CENTER  
115 STEVENS AVENUE  
VALHALLA NY 10595

MOUNT PLEASANT CORPORATE CENTER  
115 STEVENS AVENUE  
VALHALLA NY 10595



3. Date Incorporated or Qualified  
01/26/1994

3a. Date of Last Report  
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

13-1962354

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 ☒

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE  
NAME DORNER, ARMIN  
STREET ADDRESS LINDE AG, TVT DIVISION, D-8023  
CITY - ST - ZIP HOELLRIEGELSKREUTH, GERMANY

TITLE D ☐ DELETE  
NAME BELLONI, DR. ALDO  
STREET ADDRESS LINDE AG, TVT DIVISION, D-8023  
CITY - ST - ZIP HOELLRIEGELSKREUTH, GERMANY

TITLE PD ☐ DELETE  
NAME KISTENMACHER, DR HANS  
STREET ADDRESS LINDE AG, TVT DIVISION, D-8023  
CITY - ST - ZIP HOELLRIEGELSKREUTH, GERMANY

TITLE VST ☐ DELETE  
NAME DURIE, WILLIAM  
STREET ADDRESS LINDE AG, TVT DIVISION, D-8023  
CITY - ST - ZIP HOELLRIEGELSKREUTH, GERMANY

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William A. Durie

1/17/96 (914) 747-3500  
Date Daytime Phone #

CR2E034 (12/95)