

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**19054867**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

~~66474~~  
**669556**

**DOCUMENT # F94000001042**

1. Entity Name  
**KRONES, INC.**



Principal Place of Business  
**9600 SOUTH 58TH STREET  
FRANKLIN, WI 53132**

Mailing Address  
**P.O. BOX 321801  
FRANKLIN, WI 53132-3241**

**DO NOT WRITE IN THIS SPACE**



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**39-1082240**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	C
NAME	KRONSEDER, VOLKER
STREET ADDRESS	AN DER PIRACHER BREITE 15 D
CITY-ST-ZIP	NEUTRAUBLING, GERMANY, 93073
TITLE	CFO
NAME	SOMMER, HEINZ
STREET ADDRESS	16 S. RIDGE DRIVE
CITY-ST-ZIP	KENNETT SQUARE, PA 19348
TITLE	S
NAME	BOER, RALF-REINHARD
STREET ADDRESS	777 EAST WISCONSIN AVE
CITY-ST-ZIP	MILWAUKEE, WI 53202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000219220  
02/06/05-80018-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *V. Sommer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/26/05 414 4094707*

Date

Daytime Phone #