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FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F94000005948 (4)

1. Corporation Name

VOITH SULZER PAPER TECHNOLOGY NORTH AMERICA, INC



Principal Place of Business

2620 E. GLENDALE AVE.  
APPLETON WI 54911

Mailing Address

POST OFFICE BOX 2337  
APPLETON WI 54913  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/17/1994

4. FEI Number

39-1204170

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

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

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 P ☐ DELETE

NAME KADE, WERNER  
STREET ADDRESS 2620 E. GLENDALE AVE.  
CITY-ST-ZIP APPLETON WI 54911

TITLE V ☐ DELETE

NAME BORDEN, KEITH  
STREET ADDRESS 2620 E. GLENDALE AVE.  
CITY-ST-ZIP APPLETON WI 54911

TITLE ST ☐ DELETE

NAME BOUTHILET, PAUL M  
STREET ADDRESS 2620 E. GLENDALE AVE.  
CITY-ST-ZIP APPLETON WI 54911

TITLE D ☒ DELETE

NAME HENSELER, KLAUS  
STREET ADDRESS POSTFACH 1940, D 89509  
CITY-ST-ZIP HEIDENHEIM GERMANY

TITLE D ☐ DELETE

NAME MULLER, H  
STREET ADDRESS POSTFACH 1940, D 89509  
CITY-ST-ZIP HEIDENHEIM GERMANY

TITLE D ☐ DELETE

NAME JUNG, H  
STREET ADDRESS POSTFACH 1940 D 89509  
CITY-ST-ZIP HEIDENHEIM GE

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 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 on an attachment with an address.

SIGNATURE

Paul M Bouthilet

4/23/98

920-721-7224

CP2E034 (10/97)