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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

Principal Place of Business

DOCUMENT # F9400005948

VOITH SULZER PAPER TECHNOLOGY NORTH AMERICA, INC

2620 E. GLENDALE AVE. POST OFFICE BOX 2337						1 '			
APPLETON WI 54911		APPLETON WI 54913				DO NOT WRITE IN THIS SPACE			
		US				3. Date Incorporated or Qualifed			
						11/17/1994			
2 Denoinal D	Place of Business	2a. Mailing Address				4. FEI Number	Ar	plied For	• •
Third part to so of basicos						39-1204170	No	ot Applicable	Ŷ
21 Suite, Apt.	# atc	Suite, Apt. #, etc.				<u> </u>	\$8.75	Additional	;;;-
	#, etc.	27				5. Certificate of Status Desired	Fee Ro	equired	
City & Sta	to	City & State				6. Election Campaign Financing	\$5.00	May Be	
 , ·						Trust Fund Contribution	Added to Fees		
23	Zip Country Zip			Country		8. This corporation owes the current year	Intangible		
	25	29	30	•		Personal Property Tax.	ŬYes	⊠No	
24	9. Name and Address of Curre		1001	ľ	***	10. Name and Address of New Registere	ed Agent		
				81	Name				
CT						(D.C. D. M. est estimated Accordately)			
VOI 120	CORPORATION SYSTEM O.S. PINE ISLAND RD.	MAN MARIE MERITA	17.	82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
PI A	NTATION FL 33324			83			· · · · · · · · · · · · · · · · · · ·	\$13\$1191.1361	
1.65	MINION I E GOOE4					(2) (2) (2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4			
				84	City	A magnification of the second	** 85 Zip'	Code	
Lagrand to constitute		007.4500.51	+ 0	bour	nomod com	poration submits this statement for the purpose	of changing its	registered	
Affine or	registered agent or both in the State	e of Florida "Such change was a	umonzec	ı ov	the corporation	on's board of directors. I hereby accept the ap	pointment as re	gistered	
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505, Flo	rida Stati	utes.					
SIGNATURE						od when reinstation(1373) A DATE		·	_
	Signature, typed or printed name of registered as	, , , , , , , , , , , , , , , , , , ,	: Registered	Agen	it signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12	98
12.		AND DIRECTORS	1.1 Ti	n F			Change	Addition	(11/98)
TITLE	P WEDNED		1.2 N/			39-1200-170			4
NAME KADE, WERNER					ADDRESS				Ö
STREET ADDRESS 2620 E. GLENDALE AVE.									R2F034
CITY-ST-ZIP	APPLETON WI 54911	☐ DELETE	_	TY- \$1	T-ZIP				Ö
TITLE	V	€ DELETE	2.1 TI	ILE			Change	☐ Addition	
NAME	DOTTOLITY TELEVISION						Change	☐ Addition	
STREET ADDRESS 2620 E. GLENDALE AVE.			2.2 N/	_			☐ Change	Addition	
CITY-ST-ZIP	I ADDI ETON WESAGIIS A P		2.3 ST	TREET	FADDRESS		Change	Addition	
TITLE		18 18 18 18 18 18 18 18 18 18 18 18 18 1	2.3 ST	TREET	TADDRESS ST-ZIP				
NAME(1)	ST STORY WILL CONSTRUCT	<u>aztre signiste wiedt.</u> Jim Militaria – Zi <mark>⊡ DELETE</mark>	2.3 ST 2.4 C 3.1 TI	TREET STY-S			☐ Change	☐ Addition	
	ST BOUTHILET, PAUL M	<u>aztre signiste wiedt.</u> Jim Militaria – Zi <mark>⊡ DELETE</mark>	2.3 ST 2.4 C 3.1 TI 3.2 No	TREET STY-S TLE AME	ST-ZIP				
STREET ADDRES	ST BOUTHILET, PAUL M	<u>aztre signiste wiedt.</u> Jim Militaria – Zi <mark>⊡ DELETE</mark>	2.3 ST 2.4 C 3.1 TI 3.2 No	TREET STY-S TLE AME					
STREET ADDRESS	ST BOUTHILET, PAUL M	ACCESTOR WAS SERVICE ACCESTOR DELETE JGT WT ET ACCESTOR V	2.3 ST 2.4 C 3.1 TT 3.2 No 3.3 ST 3.4. C	TREET TLE AME TREET	ST-ZIP		☐ Change	Addition	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ST BOUTHILET, PAUL M 2620 E. GLENDALE AVE.	<u>aztre signiste wiedt.</u> Jim Militaria – Zi <mark>⊡ DELETE</mark>	2.3 S 2.4 C 3.1 Π 3.2 N 3.3 S	TREET TLE AME TREET	T ADDRESS		☐ Change	Addition	
CITY-ST-ZIP	ST BOUTHILET, PAUL M 2620 E. GLENDALE AVE. APPLETON WI 54911	ACCESTOR WAS SERVICE ACCESTOR DELETE JGT WT ET ACCESTOR V	2.3 ST 2.4 C 3.1 TT 3.2 Nv 3.3 ST 3.4 C 4.1 TT	TREET TLE AME TREET	T ADDRESS ST-ZIP		☐ Change	Addition	<u> </u>
CITY-ST-ZIP TITLE NAME	ST. BOUTHILET, PAUL M 2620 E. GLENDALE AVE. APPLETON WI 54911 D MULLER, H	ACCESTOR WAS SERVICE ACCESTOR DELETE JGT WT ET ACCESTOR V	2.3 SI 2.4 C 3.1 TI 3.2 No 3.3 Si 3.4 C 4.1 TI 4.2 No	TREET CITY-S TLE TREET CITY-S TLE TAME	T ADDRESS ST-ZIP		☐ Change	Addition	
CITY-ST-ZIP	ST. BOUTHILET, PAUL M 2620 E. GLENDALE AVE APPLETON WI 54911 D MULLER, H POSTFACH 1940, D 89509	DELETE	2.3 ST 2.4 C 3.1 TT 3.2 N 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST	TREET TILE AME TREET TILE TREET TILE TAME TREET	T ADDRESS		☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	ST. BOUTHILET, PAUL M 2620 E. GLENDALE AVE. APPLETON WI 54911 D MULLER, H	DELETE	2.3 ST 2.4 C 3.1 TT 3.2 N 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST	TREET TLE AME TREET TLE IME TREET	T ADDRESS ST. ZIP		☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST. BOUTHILET, PAUL M 2620 E. GLENDALE AVE. APPLETON WI 54911 D MULLER, H POSTFACH 1940, D 89509 HEIDENHEIM GERMANY	DELETE	2383 2.4C 3.1 TI 3.2 NV 3.3 S' 3.4 C 4.1 TI 4.2 N 4.3 S' 4.4 CI	TREET TLE AME TREET TLE TREET TAME TREET TREET TREET TTLE	T ADDRESS ST. ZIP		☐ Change	Addition	

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 it 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, with all other like empowered.

5.4 CITY+ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

POSTFACH 1940 D 89509

2020 EL GUENDALE PHI

公司是實施 整个公司

<u>HEIDENHEIM GE</u>

☐ DELETE

FILED

Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90035 017 ***150.00

Change

Addition