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Feb 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F95000002286 (1)

1. Corporation Name  
SCHNEIDER (USA), INC.

Principal Place of Business  
5905 NATHAN LANE NORTH  
PLYMOUTH MN 55442

Mailing Address  
5905 NATHAN LANE NORTH  
PLYMOUTH MN 55442-1619



3. Date Incorporated or Qualified 05/04/1995  
3a. Date of Last Report 02/06/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 235 E. 42 St.

Suite, Apt. #, etc.

27 26 fl. St. # 6

City & State

28 New York, NY

Zip Country

29 10017

30

4. FEI Number

41-1455302

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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 PCEO ☒ DELETE  
NAME BOOTH, DAVID  
STREET ADDRESS 5905 NATHAN LANE NORTH  
CITY- ST- ZIP PLYMOUTH MN 55442

TITLE V ☐ DELETE  
NAME LUKAS, STEVEN  
STREET ADDRESS 5905 NATHAN LANE NORTH  
CITY- ST- ZIP PLYMOUTH MN 55442

TITLE S ☐ DELETE  
NAME ROSS, ROBERT  
STREET ADDRESS 235 E 42ND ST  
CITY- ST- ZIP NEW YORK NY

TITLE S ☐ DELETE  
NAME BEITHON, PATRICIA  
STREET ADDRESS 5905 NATHAN LANE NORTH  
CITY- ST- ZIP PLYMOUTH MN 55442

TITLE D ☐ DELETE  
NAME GRAY, P N  
STREET ADDRESS 5905 NATHAN LANE NORTH  
CITY- ST- ZIP PLYMOUTH MN 55442

TITLE AS ☐ DELETE  
NAME Allen Derman  
STREET ADDRESS 235 E. 42 St.  
CITY- ST- ZIP New York, NY 10017

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PCEO ☒ Change ☒ Addition  
1.2 NAME Heliane Canepa  
1.3 STREET ADDRESS P.O. Box CH-8180 Bulach, Akerstrasse Rd.  
1.4 CITY- ST- ZIP Switzerland

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 AS ☐ Change ☒ Addition  
6.2 NAME Allen Derman  
6.3 STREET ADDRESS 235 E. 42 St.  
6.4 CITY- ST- ZIP NY, NY 10017

14. I do 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 included 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

Date

Daytime Phone #

CR2E034 (9/96)