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

PROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Feb 23 1998 8:00am
Secretary of State

DOCUMENT # **F95000002517 (9)**

1. Corporation Name
VORWERK USA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 166012 ALTAMONTE SPRINGS FL 32716-6012	P.O. BOX 166012 ALTAMONTE SPRINGS FL 32716-6012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/23/1995**

4. FEI Number **59-3311064** — Applied For / Not Applicable

2. Principal Place of Business [21]	2a. Mailing Address [26]	4. FEI Number 59-3311064	Applied For / Not Applicable
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State [23]	City & State [28]	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip [24]	Country [25]	Zip [29]	Country [30]

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	☒ DELETE	1.1 TITLE **D**	☐ Change ☒ Addition
NAME LEUNIG, MANFRED		1.2 NAME Hans Hoogendijk	
STREET ADDRESS VERENASTRASSE 39, WOLLERAU CH-8832		1.3 STREET ADDRESS Verenastrasse 39, Wollerau CH-8832	
CITY-ST-ZIP SWITZERLAND		1.4 CITY-ST-ZIP Switzerland	
TITLE VTD	☐ DELETE	2.1 TITLE **PTD**	☒ Change ☐ Addition
NAME SARRAZIN, JOCHEN		2.2 NAME Jochen Sarrazin	
STREET ADDRESS VERENASTRASSE 39, WOLLERAU CH-8832		2.3 STREET ADDRESS Verenastrasse 39, Wollerau CH-8832	
CITY-ST-ZIP SWITZERLAND		2.4 CITY-ST-ZIP Switzerland	
TITLE SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME BIONDO, P R		3.2 NAME	
STREET ADDRESS 1089 CROSS CUT WAY		3.3 STREET ADDRESS	
CITY-ST-ZIP LONGWOOD FL 32750		3.4 CITY-ST-ZIP	
TITLE T	☐ DELETE	4.1 TITLE **VT**	☒ Change ☐ Addition
NAME SILVERA, KEITH R		4.2 NAME Keith R. Silvera	
STREET ADDRESS 973 SUNSHINE LANE		4.3 STREET ADDRESS 973 Sunshine Lane	
CITY-ST-ZIP ALTAMONTE SPRINGS FL		4.4 CITY-ST-ZIP Altamonte Springs FL 32714	
TITLE	☐ DELETE	5.1 TITLE **V**	☐ Change ☒ Addition
NAME		5.2 NAME Joanne Schneider	
STREET ADDRESS		5.3 STREET ADDRESS 926 Great Pond Drive	
CITY-ST-ZIP		5.4 CITY-ST-ZIP Altamonte Springs FL 32714	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 _____ K. R. Silvera (407) 682-2252 Feb 18, 1998

CR2E034 (10/97)