2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2000 8:00 am
Secretary of State
06-07-2000 90438 023 ***150.00

DOCUMENT # F95000002680

1. Entity Name

GIESECKE & DEVRIENT AMERICA, INC.

Principal Place of Business	Mailing Address
11419 SUNSET HILLS ROAD RESTON VA 20190-5207	11419 SUNSET HILLS ROAD RESTON VA 20190-5207

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
45925 HORSESHOE DR Suite, Apt. #, etc.	45925 HORSESHOE DR Suite, Apt. #, etc.
City & State: DULLES, VA	City & State: DULLES, VA
Zip: 20166 Country: U.S.A.	Zip: 20166 Country: U.S.A.

4. FEI Number 54-1565508 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PC BERCHTOLD, WILLI PRINZREGENTEN STRASSE 159 MUNICH, GERMANY 81677	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS STORMS, DEBRA 11419 SUNSET HILLS ROAD RESTON VA 20190	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS KRAUTH, KLAUS 45925 HORSESHOE DR. DULLES, VA. 20166	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT KRAUTH, KLAUS 11419 SUNSET HILLS ROAD RESTON VA 20190-5207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT KRAUTH, KLAUS 45925 HORSESHOE DR DULLES, VA. 20166	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VONMITSCHKE, HANS-CHRISTIAN PRINZREGENTEN STRASSE 159 MUNICH, GERMANY 81677	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BECK, MANFRED PRINZREGENTEN STRASSE 159 MUNICH, GERMANY 81677	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KUNZ, HANS-WOLFGANG PRINZREGENTEN STRASSE 159 MUNICH, GERMANY 81677	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E024 (9/99)

19500000026800
D0100707

GIESECKE & DEVRIENT AMERICA, INC.
FEIN: 54-1565508

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	NEHLS, JUERGEN	PRINZREGENTEN STRASSE 159	MUNICH, GERMANY 81677
D	STAIT-GARDNER, CHRIS	399 DENISON STREET	MARKHAM, ONTARIO L3R 1B7