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## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jul 13, 2001 8:00 am DOCUMENT # F95000002680 **Secrétary of State** 07-13-2001 90001 019 \*\*\*550.00 GIESECKE & DEVRIENT AMERICA, INC. Principal Place of Business Mailing Address 45925 HORSESHOE DR 45925 HORSESHOE DR A0076582 DULLES VA 20166 DULLES VA 20166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 54-1565508 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ■ Addition Delete ☐ Change BERCHTOLD, WILLI NAME NAME PAYMENT APPROVED STREET ADDRESS PRINZREGENTEN STRASSE 159 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MUNICH, GERMANY 81677 AMOUNT \$ \_550 - 00 VSVT TITLE ☐ Detete TITLE ☐ Addition KLAUS, KRAUTH NAME CHARGE DEPT \$ (50) 64 6010 STREET ADDRESS 45925 HORSESHOE DR STREET ADDRESS CITY-ST-ZIP **DULLES VA 20166** CITY-ST-ZIP REQUESTOR/DATE ☐ Delete ☐ Addition VONMITSCHKE, HANS-CHRISTIAN NAME APPROVED BY/DATE Clau STREET ADDRESS PRINZREGENTEN STRASSE 159 STREET ADDRESS CITY-ST-ZIP MUNICH, GERMANY 81677 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME BECK, MANFRED NAME STREET ADDRESS STREET ADDRESS PRINZREGENTEN STRASSE 159 CITY-ST-ZIP CITY-ST-ZIP MUNICH, GERMANY 81677 TITLE ☐ Delete TITLE ☐ Change ☐ Addition KUNZ, HANS-WOLFGANG NAME NAME STREET ADDRESS PRINZREGENTEN STRASSE 159 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MUNICH, GERMANY 81677 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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:

NG OFFICER OR DIRECTOR