## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

## Apr 17, 2002 8:00 am Secretary of State F95000002680 DOCUMENT # 1. Entity Name GIESECKE & DEVRIENT AMERICA, INC. 04-17-2002 90159 006 \*\*\*150.00 Mailing Address Principal Place of Business 45925 HORSESHOE DR 45925 HORSESHOE DR DULLES VA 20166 **DULLES VA 20166 建筑** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 54-1565508 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution.. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CR2E034 (9/01) ☐ Change ☐ Addition TITLE ☐ Delete TITLE BERCHTOLD: WILLIS ... NAME NAME PRINZREGENTEN STRASSE 159 STREET ADDRESS STREET ADDRESS MUNICH, GERMANY 81677 CITY-ST-ZIP CITY-ST-7IP vice president | CFO ☐ Change X Addition X Delete TITLE VSVT TITLE Frank Bannys 45925 Horse shoe Or. NAME KLAUS, KRAUTH NAME STREET ADDRESS 45925 HORSESHOE DR STREET ADDRESS CITY-ST-ZIP **DULLES VA 20166** CITY-ST-ZIP -Change --- Addition= THE Delete TITLE D NAME NAME VONMITSCHKE. HANS-CHRISTIAN STREET ADDRESS STREET ADDRESS PRINZREGENTEN STRASSE 159 CITY-ST-ZIP **MUNICH, GERMANY 81677** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE BECK, MANFRED NAME NAME **PRINZREGENTEN STRASSE 159** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MUNICH, GERMANY 81677** Addition ☐ Change ☐ Delete TITLE TITLE KUNZ. HANS-WOLFGANG NAME NAME **PRINZREGENTEN STRASSE 159** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MUNICH, GERMANY 81677** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 of 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.

FILED