

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

**FILED**  
**Mar 04 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000005769 (3)**

1. Corporation Name  
**V.A.W. OF AMERICA, INC.**

Principal Place of Business <b>ROUTE 209          P.O. BOX 667          ELLENVILLE NY 12428</b>	Mailing Address <b>ROUTE 209          P.O. BOX 667          ELLENVILLE NY 12428</b>
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		<b>2a. Mailing Address</b> 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		<b>3. Date Incorporated or Qualified</b> <b>11/28/1995</b>	
<b>4. FEI Number</b> <b>14-1782202</b>		<b>Applied For</b> <input type="checkbox"/> Not Applicable		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

<b>9. Name and Address of Current Registered Agent</b> <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.</b> <b>1201 HAYS STREET</b> <b>SUITE 105</b> <b>TALLAHASSEE FL 32301</b>				<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	<input type="checkbox"/> DELETE		1.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NOLL, GUNTER			1.2 NAME	HERMANS, JURGEN		
STREET ADDRESS	3883 CRAZY HORSE TRAIL			1.3 STREET ADDRESS	HANGWEG 14		
CITY-ST-ZIP	ST AUGUSTINE FL 32086			1.4 CITY-ST-ZIP	ST. AUGUSTIN, GERMANY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	VS	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WILCOX, JAMES F			2.2 NAME	AGTHE, KLAUS E. DR.		
STREET ADDRESS	14 RUMSEY STREET			2.3 STREET ADDRESS	131 MARSHSIDE DRIVE		
CITY-ST-ZIP	PORT JERVIS NY 12771			2.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHIRNER, JOCHEN			3.2 NAME	BRAUN, DIETER DR.		
STREET ADDRESS	KIEFERWEG 16			3.3 STREET ADDRESS	REICHENSTEIN STR. 47c		
CITY-ST-ZIP	KONIGSWINTER, GERMANY			3.4 CITY-ST-ZIP	53844 DROIFEORF, GERMANY		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHROEDER, MANFRED F			4.2 NAME			
STREET ADDRESS	25 AVISTA CIRCLE			4.3 STREET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE FL 32084			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOBBE, KARL-DIETER			5.2 NAME			
STREET ADDRESS	MAXIMILIANSTRASSE 2			5.3 STREET ADDRESS			
CITY-ST-ZIP	BONN, GERMANY			5.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRYRING, ALBERT F			6.2 NAME			
STREET ADDRESS	3507 RED CLOUD TRAIL			6.3 STREET ADDRESS			
CITY-ST-ZIP	ST AUGUSTINE FL 32084			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:** *James F. Wilcox* **James F. Wilcox, VP-Finance 2/26/98 914-647-7510**

CR2034 (10/97)