

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000000689

1. Corporation Name

ABS GLOBAL, INC.

Principal Place of Business

**6908 RIVER RD
DEFOREST WI 53532**

Mailing Address

**PO BOX 459
DEFOREST WI 53532**

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90048 020 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1996

4. FEI Number

39-1795337

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**F & L CORP.
THE GREENLEAF BLDG.
200 LAURA ST.
JACKSONVILLE FL 32202-3527**

10. Name and Address of New Registered Agent

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 607.1608, 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

☐ DELETE

TITLE PD
NAME NOORDEDE, MARC VAN'T
STREET ADDRESS 747 N THOMPSON DR STE 204
CITY-ST-ZIP MADISON WI 53704

TITLE V
NAME WEBER, JAMES O
STREET ADDRESS 808 KATHERINE DR
CITY-ST-ZIP SUN PRAIRIE WI 53590

TITLE SD
NAME KLINE, LARRY
STREET ADDRESS 882 EDDINGTON DR
CITY-ST-ZIP SUN PRAIRIE WI 53590

TITLE C
NAME Dennis McCormick
STREET ADDRESS 170 Forest Avenue
CITY-ST-ZIP Rye, NY 10580

TITLE T
NAME Chris Unrath
STREET ADDRESS 419 E. 57th, Apt. 15-B
CITY-ST-ZIP New York, NY 10022

TITLE S
NAME Peter Langenus
STREET ADDRESS 277 South Bald Hill Road
CITY-ST-ZIP New Canaan, CT 06840

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

1.1 TITLE D
1.2 NAME Nimi Natan
1.3 STREET ADDRESS 230 Park Avenue, Suite 2527
1.4 CITY-ST-ZIP New York, NY 10169

2.1 TITLE D
2.2 NAME Dan Morley
2.3 STREET ADDRESS 6 Hunter Street
2.4 CITY-ST-ZIP Old Greenwich, CT 06870

3.1 TITLE D
3.2 NAME Dr. Robert Walton
3.3 STREET ADDRESS 4066 Vinburn Road, Route 2
3.4 CITY-ST-ZIP DeForest, WI 53532

4.1 TITLE D
4.2 NAME George Hersbach
4.3 STREET ADDRESS Niels Bohrweg, 11-13, 2333 CA Leiden
4.4 CITY-ST-ZIP The Netherlands

5.1 TITLE D
5.2 NAME Arthur W. Brill
5.3 STREET ADDRESS 825 8th Avenue, 37th Floor
5.4 CITY-ST-ZIP New York, NY 10019-7416

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034-11/98