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Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000004135 (7)**

1. Corporation Name
GREINER AMERICA, INC.

Principal Place of Business	Mailing Address
PO BOX 953279 LAKE MARY FL 32795-3279	PO BOX 953279 LAKE MARY FL 32795-3279

3. Date Incorporated or Qualified: 08/12/1996
3a. Date of Last Report:

2. Principal Place of Business
21: 1114 Greenstone Blvd.
Suite, Apt. #, etc.
22: Apt. 106
City & State
23: Heathrow FLorida
Zip 24: 32746 Country 25: Seminole

2a. Mailing Address
26: PO Box 953279
Suite, Apt. #, etc.
27:
City & State
28: Lake Mary, FL.
Zip 29: 32795-3279 Country 30: Seminole

4. FEI Number: 51 0366625 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MAIER, EDWARD
1114 GRENSTONE BLVD, APT 106
HEATHROW FL 32746

10. Name and Address of New Registered Agent

81 Name: Edward Maier
82 Street Address (P.O. Box Number is Not Acceptable): 1114 Greenstone Blvd.
83: Apt. 106
84 City: Heathrow **FL** 85 Zip Code: 32746

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: Edward Maier, Managing Director — DATE: JAN. 7, 1997
Signature, type or print name of Registered Agent and Date (if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HOCK, WOLFGANG		1.2 NAME		
STREET ADDRESS	GREINER GMBH		1.3 STREET ADDRESS		
CITY-ST-ZIP	MAYBACHSTRABE		1.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCHMID, HEINZ		2.2 NAME		
STREET ADDRESS	GREINER GMBH		2.3 STREET ADDRESS		
CITY-ST-ZIP	MAYBACHSTRABE		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MAIER, EDWARD L		3.2 NAME		
STREET ADDRESS	1114 GREENSTONE BLVD APT 106		3.3 STREET ADDRESS		
CITY-ST-ZIP	HEATHROW FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MAIER, LINDA		4.2 NAME		
STREET ADDRESS	1114 GREENSTONE BLVD APT 106		4.3 STREET ADDRESS		
CITY-ST-ZIP	HEATHROW FL		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SOLMSSEN, PETER		5.2 NAME		
STREET ADDRESS	2000 ONE LOGAN SQUARE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: Linda M. Maier / LINDA M. MAIER — 1-7-97 — 407-333-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #