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

PROFIT CORPORATION ANNUAL REPORT

1998

1000年



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700001880 (0)

WAYSS & FREYTAG AKTIENGESELLSCHAFT, INC.

FILED Apr 23 1998 8:00am Secretary of State



n.	incipal Place	of Duning		Mailing Addrose					* (98)(98)(10 (1	.,,, 1981, 681,, 181,, 18			111 98 11 1891	
	•		>S	Mailing Address										
	O BOX 8548		0	PO BOX 6548										
EVANSVILLE IN 47719-0548				EVANSVILLE IN 47719-0548						DO NOT WRITE IN THIS SPACE				
										3. Date Incorpor				
										04/11/199				
2. Principal Place of Business 2a. Mailing Address										4. FEI Number	•		1 1	pplied For
	•		S-ALLEE 110	26					98-00966	श्रद			ot Applicable	
21	Suite, Apt.		S-MULLE IIV	Suite, Apt. #, etc.					80 00800	<i>,</i> 00			Additional	
				27					5. Certificate of S	Status Desired			equired	
City & State				City & State									<u> </u>	
	FRANKFURT			28					6. Election Camp				May Be to Fees	
23	Zip				Zip Count				,	Trust Fund Co				
	60486		├ ─┐				uriu y	or mid despotation energy or mad part the darrow year managers					 ~	
24	00400	6 25 GERMANY 29 30 30 P. Name and Address of Current Registered Agent				30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent					
-				Hedistelec Y	gent		81	Nam		10, Name and Ad	OURS OF NEW HI	gistered .	Agent	
			ATION SYSTEM				"	mam	e					
			PINE ISLAND ROAD		ŀ			Stree	et Addres	ss (P.O. Box Numb	er is Not Accepta	ble)		,
	PLA	noitation	FL 33324								·			·
							83							
		r						^:L:					oc 7:-	0-4-
		:					84	City				FL	85 Zip	Code
11	Pursuant t	o the provi	sions of Sections 607.0502	and 607,150	3, Florida Statut	es, the a	above	-name	ed corpor	ration submits this	statement for the	purpose of	changing i	ts registered
	office or re	egi ste red a	gent, or both, in the State c ith, and accept the obligat	of Florida, Suc	h change was a	authorize	ed by	the co	orporation	n's board <mark>of dire</mark> cto	ors. I hereby acce	pt the app	ointment as	registered
		ir imitiniai w	itti, and accept the obligat	ions or, section	11 (007.0303, 110	onua sta	uules	٠.						
\$I	GNATURE	Signature Ivon	d or printed name of registered agent	and title if anning	nle (NOT	F. Benister	nd Ape	nt sionali	ura required	when reinstaling)		DATE		
12		Digrature, type	OFFICERS AND		<i>ic</i> (no)	13.	.orago	in biginar	are required		IANGES TO OFFI		DIRECTO	RS IN 12
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-	· 1		FURT GERMANY					ADDRESS	٥					
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	i i		OR-HEUSS-ALLEE 110					ADDRESS		GNEK				
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	Y-ST-ZIP	EVANS	/ILLE IN				ITY-\$1				47	710		

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 suppliemental 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.

CR2E034 (10/