

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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90011 025 ***150.00

DOCUMENT # F97000001880(0)

1. Corporation Name

Wayss & Freytag Aktiengesellschaft, Inc.

Principal Place of Business

Mailing Address

Theodor-Heuss-Allee 110
Frankfurt am Main
Germany 60486

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Frankfurt am Main
Germany 60486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4/11/97

4. FEI Number

98-0096685

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 Theodor-Heuss-Allee 110

Suite, Apt. #, etc.

22

City & State

23 Frankfurt am Main

Zip

24 60486

Country

25 Germany

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

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 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	Kees-Jan Klap	
STREET ADDRESS	Theodor-Heuss-Allee 110	
CITY-ST-ZIP	Frankfurt am Main, Germany 60486	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	Krenz, Uwe	
STREET ADDRESS	Theodor-Heuss-Allee 110	
CITY-ST-ZIP	Frankfurt am Main, Germany 60486	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	Fleischmann, Robert	
STREET ADDRESS	Theodor-Heuss-Allee 110	
CITY-ST-ZIP	Frankfurt am Main, Germany 60486	
TITLE	T	<input type="checkbox"/> DELETE
NAME	Wagner Winfried	
STREET ADDRESS	Theodor-Heuss-Allee 110	
CITY-ST-ZIP	Frankfurt am Main, Germany 60486	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	McInerny, Denis P	
STREET ADDRESS	1695 Allen Road	
CITY-ST-ZIP	Evansville, IN 47710	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 its 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott S. Lynn

Date

(303) 415-3621

Daytime Phone #

CR2E034 (1/98)