2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F9700003432 1. Entity Name FRAUNHOFER USA, INC.					FILED May 18, 2000 8:00 am Secretary of State 05-18-2000 90327 037 ***150.00		
Principal Place	e of Business	Mailing Address					
		24 FRANK-LLOYD WRIGHT-DR: ANN-ARBOR-MI-48105-9755- 3. Mailing Address Hours Fort Street Suite, Apt. #, etc. City & State FUMOUTH, MI					
					DO NOT WRITE IN THIS SPACE		
				4. 1	4. FEI Number 38-3203030		Applied For Not Applicable
Zip 48/10	Country		Country	5. (	Certificate of Status Desired [	□ \$8.75 Add Fee Require	ditional
48110		Pegistered Agent		- 7. I	Name and Address of New Regis	•	
			Name				
CORPORATION SERVICE COMPANY 1201 HAYS STREET			Street 4	ddress (P.O. B	(P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301-2525							
			City			FL Zip Cod	e
	named entity submits this statement for	the purpose of changing its	registered office 0	r registered ag	ent or both in the State of Florida	(	
(See criter	equirement and elects to do so.	Make Check Payat	00 Fee will be \$ ble to Departmen 12.	t of State	Trust Fund Contribution.	L Áddeo	0 May Be to Fees S IN 11 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WARNECKE, HANS-JUERGEN PR POSTFACH 19 03 39 D-80603 MUNICH, GERMANY		NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C POLTER, DIRK M DR. POSTFACH 19 03 39 D-80603 MUNICH, GERMANY	🗋 Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	DVS TREPPE, FRANK 24 FRANK LLOYD WRIGHT DR. ANN ARBOR MI 48016-0335	Delete	TITLE - NAME STREET ADDRESS CITY-ST-ZIP	Blurton,	sident and Treasurer Meith Poerstreer H,MJ 48170	⊡ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUNG, HANS H DR. POSTFACH 19 03 39 D-80603 MUNICH, GERMANY	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Jahn, georg 24 Frnak Lloyd Wright Dr. Ann Arbor Mi 48016-0335	Delete	TITLE NAME STREET ADDRESS CITY - ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY - ST- ZIP	d Richeson, William E 400 Renaissance Center, Ste Detroit MI 48242	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			🛄 Change	Addition
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo- or on an attachment with an address, w	true and accurate and that r	ny signature shall h as required by Ch	ave the same apter 607, Flori	legal effect as if made under oath:	that I am an officer	or director