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Jan 28, 1999 8:00am
Secretary of State

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DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION
ANNUAL REPORT
1999

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

DOCUMENT # F97000006905

1. Corporation Name
ALFRED C. TOEPFER INTERNATIONAL, INC.

Principal Place of Business
8300 NORMAN CENTER DRIVE, SUITE 1180
BLOOMINGTON MN 55437

Mailing Address
8300 NORMAN CENTER DRIVE, SUITE 1180
BLOOMINGTON MN 55437

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

11/18/1997

4. FEI Number

13-5557875

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

9. Name and Address of Current Registered Agent

FADER, JANICE
ALFRED C. TOEPFER INTERNATIONAL, INC.
6101 PORT TAMPA DRIVE
TAMPA FL 33616

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

OFFICERS AND DIRECTORS

12. TITLE EVDT
NAME HINKEL, JEAN-DENIS
STREET ADDRESS 8300 NORMAN CENTER DRIVE, SUITE 1180
CITY-ST-ZIP BLOOMINGTON MN 55437

TITLE V
NAME NEITZEL, KLAUS
STREET ADDRESS 8300 NORMAN CENTER DRIVE, SUITE 1180
CITY-ST-ZIP BLOOMINGTON MN 55437

TITLE S
NAME KAHN, ANTHONY C
STREET ADDRESS 200 PARK AVENUE
CITY-ST-ZIP NEW YORK NY 10166

TITLE C
NAME STEPHAN, JUERGEN
STREET ADDRESS PO BOX 106120 FERDINANDSTRASSE 5
CITY-ST-ZIP 20095 HAMBURG 1, GERMANY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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: JEAN-DENIS HINKEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99 (612) 835-9100
Date Daytime Phone #

CR2E034 (11/98)