

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000006905**

1. Entity Name

ALFRED C. TOEPFER INTERNATIONAL, INC.**FILED**
Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90022 017 ***150.00

0607987

Principal Place of Business 8300 NORMAN CENTER DRIVE, SUITE 1180 BLOOMINGTON MN 55437	Mailing Address 8300 NORMAN CENTER DRIVE, SUITE 1180 BLOOMINGTON MN 55437
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AU022004

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 13-5557875	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent**FADER, JANICE
6101 PORT TAMPA DRIVE
TAMPA FL 33616****7. Name and Address of New Registered Agent**

Name	Ronald Weber
Street Address (P.O. Box Number is Not Acceptable)	6101 Port Tampa Drive
City	Tampa
State	FL
Zip Code	33616

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Ronald Weber	DATE FEB 12, 2001
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	EVDT	TITLE	
NAME	HINKEL, JEAN-DENIS	NAME	
STREET ADDRESS	8300 NORMAN CENTER DRIVE, SUITE 1180	STREET ADDRESS	
CITY-ST-ZIP	BLOOMINGTON MN 55437	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	V	TITLE	
NAME	NEITZEL, KLAUS	NAME	
STREET ADDRESS	8300 NORMAN CENTER DRIVE, SUITE 1180	STREET ADDRESS	
CITY-ST-ZIP	BLOOMINGTON MN 55437	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	S	TITLE	
NAME	KAHN, ANTHONY-C	NAME	
STREET ADDRESS	200 PARK AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10166	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	C	TITLE	
NAME	STEPHAN, JUERGEN	NAME	
STREET ADDRESS	PO BOX 106120 FERDINANDSTRASSE 5	STREET ADDRESS	
CITY-ST-ZIP	20095 HAMBURG 1, GERMANY	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. 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 report or supplemental 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 11 or Block 12 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

2/7/01

Date

952-835-9100

Daytime Phone #

CR2E034 (10/00)