## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 27, 2002 8:00 am Secretary of State DOCUMENT # F97000006905 02-27-2002 90050 007 \*\*\*150.00 ALFRED C. TOEPFER INTERNATIONAL, INC. Mailing Address Principal Place of Business 8300 NORMAN CENTER DRIVE. SUITE 1180 8300 NORMAN CENTER DRIVE, SUITE 1180 **BLOOMINGTON MN 55437 BLOOMINGTON MN 55437** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 8000 Norman Center Dr. #630 8000 Norman Center Dr.#630 Applied For City & State City & State 4. FEI Number 13-5557875 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WEBER, RONALD Street Address (P.O. Box Number is Not Acceptable) 6101 PORT TAMPA DRIVE **TAMPA FL 33616** Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition x Change TITLE ☐ Delete TITLE **EVDT** NAME NAME HINKEL, JEAN-DENIS STREET ADDRESS 8300 NORMAN CENTER DRIVE, SUITE 1180 STREET ADDRESS 8000 Norman Center Dr. #630 CITY-ST-7IP CITY-ST-ZIP **BLOOMINGTON MN 55437** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME **NEITZEL, KLAUS** STREET ADDRESS STREET ADDRESS 8300 NORMAN CENTER DRIVE, SUITE 1180 8000 Norman Center Dr. #630 CITY-ST-ZIP CITY-ST-ZIP **BLOOMINGTON MN 55437** ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME KAHN, ANTHONY C STREET ADDRESS STREET ADDRESS 200 PARK-AVENUE CITY-ST-ZIP CITY-ST-7IP **NEW YORK NY 10166** □ Change ☐ Addition ☐ Delete TITLE TITLE NAME STEPHAN, JUERGEN NAME STREET ADDRESS STREET ADDRESS PO BOX 106120 FERDINANDSTRASSE 5 CITY-ST-ZIP CITY-ST-ZIP 20095 HAMBURG 1, GERMANY ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 supplied entails the port 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 of 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.

CITY-ST-ZIP

CITY-ST-7IP

CUJean-Denis Hinkel

**FILED**