2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006905

NEW YORK, NY 10166

STEPHAN, JUERGEN

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20095 HAMBURG 1, GERMANY,

PO BOX 106120 FERDINANDSTRASSE 5

Title:

Name: Address:

City-St-Zip:

Entity Name: ALFRED C. TOEPFER INTERNATIONAL, INC.

FILED Mar 02, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8500 NORMANDALE LAKE BLVD 8000 NORMAN CENTER DRIVE #840 #1160 BLOOMINGTON, MN 55437 BLOOMINGTON, MN 55437 **Current Mailing Address: New Mailing Address:** 8500 NORMANDALE LAKE BLVD. 8000 NORMAN CENTER DRIVE #840 #1160 BLOOMINGTON, MN 55437 BLOOMINGTON, MN 55437 US FEI Number: 13-5557875 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WEBER, RONALD 6101 PORT TAMPA DRIVE TAMPA, FL 33616 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Change () Addition **FVDT** () Delete Title: Name: HINKEL, JEAN-DENIS Name: HINKEL, JEAN-DENIS 8500 NORMANDALE LAKE BLVD. #840 8000 NORMAN CENTER DRIVE #1160 Address: Address: City-St-Zip: BLOOMINGTON, MN 55437 City-St-Zip: BLOOMINGTON, MN 55437 US Title: SRVP Title: () Delete (X) Change () Addition NEITZEL, KLAUS Name: NEITZEL. KLAUS Name: 8500 NORMANDALE LAKE BLVD. #840 8000 NORMAN CENTER DRIVE #1160 Address: Address: BLOOMINGTON, MN 55437 BLOOMINGTON, MN 55437 US City-St-Zip: City-St-Zip: Title: (X) Change () Addition () Delete Title: KAHN, ANTHONY C KAHN, ANTHONY C Name: Name: 200 PARK AVENUE 200 PARK AVENUE Address Address: City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JEAN-DENIS HINKEL **EVPT** 03/02/2005

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