

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000006905

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



Principal Place of Business
**8000 NORMAN CENTER DRIVE
#1160
BLOOMINGTON, MN 55437 US**

Mailing Address
**8000 NORMAN CENTER DRIVE
#1160
BLOOMINGTON, MN 55437 US**

DO NOT WRITE IN THIS SPACE



03302006 No Chg-P CR2E034 (11/05)

4. FEI Number
13-5557875

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**WEBER, RONALD
6101 PORT TAMPA DRIVE
TAMPA, FL 33616**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVPT
HINKEL, JEAN-DENIS
8000 NORMAN CENTER DRIVE #1160
BLOOMINGTON, MN 55437**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SRVP
NEITZEL, KLAUS
8000 NORMAN CENTER DRIVE #1160
BLOOMINGTON, MN 55437**

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000487923
04/14/06-80014-022 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 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

3/30/2006 952-835-9100
Date Daytime Phone #