


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F97000006905</b> 1. Entity Name <b>ALFRED C. TOEPFER INTERNATIONAL, INC.</b>	
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Principal Place of Business <b>8000 NORMAN CENTER DRIVE #1160 BLOOMINGTON, MN 55437 US</b>	Mailing Address <b>8000 NORMAN CENTER DRIVE #1160 BLOOMINGTON, MN 55437 US</b>
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03192007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>13-5557875</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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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	

**DO NOT WRITE  
IN THIS SPACE**

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03/30/07-80109-016-150.00

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.

<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>Jean-Denis Hinkel</b>	<b>3/26/2007</b> Date	<b>(952)835-9100</b> Daytime Phone #
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