2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # F97000006905

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

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

04102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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 _____ DATE
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
After May 1, 2008 Fee will be $550.00

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

U00000895001
04/24/08-80050-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	EVPT
NAME	HINKEL, JEAN-DENIS
STREET ADDRESS	8000 NORMAN CENTER DRIVE #1160
CITY-ST-ZIP	BLOOMINGTON, MN 55437
TITLE	SRVP
NAME	NEITZEL, KLAUS
STREET ADDRESS	8000 NORMAN CENTER DRIVE #1160
CITY-ST-ZIP	BLOOMINGTON, MN 55437
TITLE	S
NAME	KAHN, ANTHONY C
STREET ADDRESS	200 PARK AVENUE
CITY-ST-ZIP	NEW YORK, NY 10166
TITLE	C
NAME	STEPHAN, JUERGEN
STREET ADDRESS	PO BOX 106120 FERDINANDSTRASSE 5
CITY-ST-ZIP	20095 HAMBURG 1, GERMANY,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 4/10/2008 952-835-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #