

Apr. 25, 2002 2:48PM

**FOR PROFIT CORPORATION -
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90438 030 ***150.00

DOCUMENT # F98000005667
Entity Name
Krupp Polysius Corporation

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business
130 Interstate N. Parkway
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 5084
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Atlanta, GA

City & State
Troy, MI

Zip
30339-2194

Country
USA

Zip
48007-5084

Country
USA

4. FEI Number
58-2362089

5. Certificate of Status Desired ☐

Applied For
Not Applicable

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays St.

City
Tallahassee

Zip Code
FL 32301-2525

I, 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) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so. ☐ See criteria on back.

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
President	Daniel R. Fritz	180 Interstate N. Parkway	Atlanta, GA 30339-2194
Secretary	Bernard J. Wald	180 Interstate N. Parkway	Atlanta, GA 30339-2194
Treasurer	James Vogele	180 Interstate N. Parkway	Atlanta, GA 30339-2194
Director	Jurgen Bauer	180 Interstate N. Parkway	Atlanta, GA 30339-2194

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated in 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 11 or on an attachment with an address, with all other like empowered

SIGNATURE: *James Vogele* *Jurgen Bauer* *4/24/02* *770-980-5099*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034B (12/01)