
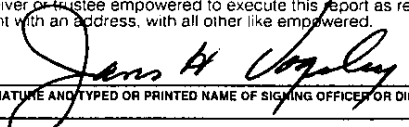


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2005 8:00 am
Secretary of State

09-07-2005 90011 001 ***558.75

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|---|--|---|---|--|--|
| DOCUMENT # F98000005667 | | | |  | |
| 1. Entity Name KRUPP POLYSIUS CORP. | | | | | |
| Principal Place of Business 180 INTERSTATE N. PKWY #300 ATLANTA, GA 30339 | | | Mailing Address | | |
| 2. Principal Place of Business | | 3. Mailing Address 180 Interstate N Pkwy | | 09012005 Chg-P CR2E034 (10/03) | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. Suite 300 | | 4. FEI Number 58-2362089 | |
| City & State | | City & State Atlanta, GA | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 30339 | USA | 30339 | USA | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip Code | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FRITZ, DANIEL R 180 INTERSTATE NORTH PKWY #500 ATLANTA, GA 303392194 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Mark S. Terry 180 Interstate N. Pkwy #300 Atlanta, GA 30339 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SPARROW, CLAYTON 180 INTERSTATE NORTH PKWY, STE 300 ATLANTA, GA 30339 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Lawrence J. Paulson 180 Interstate N. Pkwy #300 Atlanta, GA 30339 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T VOGELEY, JAMES 180 INTERSTATE NORTH PKWY #500 ATLANTA, GA 303392194 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BAUER, JURGEN 180 INTERSTATE NORTH PKWY #500 ATLANTA, GA 303392194 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Detlev Kupper 180 Interstate N. Pkwy #300 Atlanta, GA 30339 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Tax Officer Robert Aginian 180 Interstate N. Pkwy #300 Atlanta, GA 30339 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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:  | | | Date: 9/2/05 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | James H. Vogele | | |

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Sept 2, 2005 770/980-5099