

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 APR 25 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000005798

1. Entity Name
FRESENIUS USA MANUFACTURING, INC.



Principal Place of Business
95 HAYDEN AVENUE
LEXINGTON, MA 02420

Mailing Address
ATTN: TAX DEPT., 95 HAYDEN AVENUE
LEXINGTON, MA 02420

2. Principal Place of Business - No P.O. Box #
920 Winter Street

3. Mailing Address
same

Suite, Apt. #, etc.

City & State
Waltham MA

City & State

Zip
02451

Country

03302007 Chg-P CR2E034 (12/06)

4. FEI Number
04-3475979

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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 _____ 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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	POWELL, RICE	
STREET ADDRESS	95 HAYDEN AVENUE	
CITY-ST-ZIP	LEXINGTON, MA 02420	
TITLE	AT	<input type="checkbox"/> Delete
NAME	LIEBERMAN, MARC	
STREET ADDRESS	95 HAYDEN AVENUE	
CITY-ST-ZIP	LEXINGTON, MA 02420	
TITLE	S	<input type="checkbox"/> Delete
NAME	KOTT, DOUGLAS G	
STREET ADDRESS	95 HAYDEN AVENUE	
CITY-ST-ZIP	LEXINGTON, MA 02420	
TITLE	AT	<input type="checkbox"/> Delete
NAME	COLANTONIO, PAUL	
STREET ADDRESS	95 HAYDEN AVE	
CITY-ST-ZIP	LEXINGTON, MA 024209192	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	KUERBITZ, RONALD J	
STREET ADDRESS	95 HAYDEN AVENUE	
CITY-ST-ZIP	LEXINGTON, MA 02420	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	920 Winter Street
STREET ADDRESS	Waltham, MA 02451
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	"000101462150
STREET ADDRESS	05/04/07--01005--001 **4650.00
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	"
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	"
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	"
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	B 5/2/07
STREET ADDRESS	
CITY-ST-ZIP	

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: Marc S. Lieberman Assistant Treasurer 4/9/07 781-699-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #