2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 APR -4 AM 10: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000006001

1. Entity Name
VOGT-NEM, INC.

Principal Place of Business	Mailing Address
4000 DUPONT CIRCLE, SUITE 400 LOUISVILLE KY 40207	4000 DUPONT CIRCLE, SUITE 400 LOUISVILLE KY 40207-4811

2. Principal Place of Business	3. Mailing Address
N/A	N/A
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE 03-21-00 90001 033 15010

4. FEI Number 61-1302389 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name N/A 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

SIGNATURE N/A
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 requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME HORVAY, MARC STREET ADDRESS 4000 DUPONT CIRCLE, SUITE 400 CITY-ST-ZIP LOUISVILLE KY 40207	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ST NAME HARMON, THOMAS C STREET ADDRESS 4000 DUPONT CIRCLE, SUITE 400 CITY-ST-ZIP LOUISVILLE KY 40207	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME SPRUIJTENBURG, GER P STREET ADDRESS NEM B.V. CITY-ST-ZIP 2321 JW LEIDEN, NETHERLANDS	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME PREMEL, ULRICH STREET ADDRESS NEM B.V. CITY-ST-ZIP 2321 JW LEIDEN, NETHERLANDS	☒ Delete	TITLE D NAME MARC HORVAY STREET ADDRESS 4000 DUPONT CIRCLE, SUITE 400 CITY-ST-ZIP LOUISVILLE, KENTUCKY 40207	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3/14/00 (502) 899-4602
THOMAS C. HARMON, CFO — SIGNATURE AND NAME OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00 APR -4 AM 10: 19