

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90281 038 ***150.00

0584658

DOCUMENT # F99000006001

1. Entity Name
VOGT-NEM, INC.

Principal Place of Business
**4000 DUPONT CIRCLE, SUITE 400
LOUISVILLE KY 40207**

Mailing Address
**4000 DUPONT CIRCLE, SUITE 400
LOUISVILLE KY 40207**

2. Principal Place of Business
4000 DUPONT CIRCLE

3. Mailing Address
4000 DUPONT CIRCLE

Suite, Apt. #, etc.
N/A

Suite, Apt. #, etc.
N/A

City & State
LOUISVILLE, KENTUCKY

City & State
LOUISVILLE, KENTUCKY

Zip
40207

Country
JEFFERSON

Zip
40207

Country
JEFFERSON

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

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

7. Name and Address of New Registered Agent

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, 2001 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

TITLE **P** ☐ Delete
NAME **HORVAY, MARC**
STREET ADDRESS **4000 DUPONT CIRCLE, SUITE 400**
CITY-ST-ZIP **LOUISVILLE KY 40207**

TITLE **ST** ☐ Delete
NAME **HARMON, THOMAS C**
STREET ADDRESS **4000 DUPONT CIRCLE, SUITE 400**
CITY-ST-ZIP **LOUISVILLE KY 40207**

TITLE **D** ☐ Delete
NAME **SPRUIJTENBURG, GER P**
STREET ADDRESS **NEM B.V.**
CITY-ST-ZIP **2321 JW LEIDEN, NETHERLANDS**

TITLE **D** ☐ Delete
NAME **HORVAY, MARC**
STREET ADDRESS **4000 DUPONT CIRCLE, SUITE 400**
CITY-ST-ZIP **LOUISVILLE KY 40207**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D ANDREAS WITKE**
STREET ADDRESS **NEM B.V.**
CITY-ST-ZIP **KANAAL PARK 159 2321 JW LEIDEN, NETHERLANDS**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **THOMAS C. HARMON, CFO**

THOMAS C. HARMON, CFO

March 16, 2001

Date

(502) 899-4602

Daytime Phone #

CR2E034 (10/00)