2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9900006299 Sep 18, 2000 8:00 am Secretary of State 1. Entity Name KURZ U.S.A., INC. 09-18-2000 90036 038 ***550.00 Mailing Address Principal Place of Business 1271 TALLEVAST ROAD 1271 TALLEVAST ROAD SARASOTA FL 34243 SARASOTA FL 34243 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 36-3848960 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KUTSCHERA, HEINZ Street Address (P.O. Box Number is Not Acceptable) 1271 TALLEVAST ROAD SARASOTA FL 34243 Zip Code City FL 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE PTCD ☐ Delete TITLE Change NAME KUTSCHERA, HEINZ NAME STREET ADDRESS STREET ADDRESS 1271 TALLEVAST ROAD CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 STD ☐ Change Addition TIT! F ☐ Delete KURZ, JENS NAME STREET ADDRESS **INDUSTRIESTRASSE 20** STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP 75382 ALTHENGSTETT, GERMANY ☐ Addition Delete TITLE ☐ Change TITLE MAURER, ANTON GOR. MANAT STREET ADDRESS STREET ADDRESS SCHOETTLESTRASSE 8 CITY-ST-ZIP CITY-ST-ZIP D-70597 STUTTGART, GERMANY ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

GIVATURE REQUIREMENT KUTSCHERA 9/12/00 941. 358. 7010 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR