2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# G80661

Entity Name: KABA BENZING AMERICA INC.

FILED Jul 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3015 NORTH COMMERCE PARKWAY 3015 NORTH COMMERCE PARKWAY, FL 33025 US **Current Mailing Address: New Mailing Address:** 3015 NORTH COMMERCE PARKWAY MIRAMAR, FL 33025 FEI Number: 59-2355219 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: HUSSAIN, M. MICHAEL 3015 NORTH COMMERCE PARKWAY MIRAMAR, FL 33025 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: PRFS (X) Change () Addition SLOVIN, STEPHAN A., Name: Name: SOUDERS, RICHARD 1325 NW 127 AVE 3015 NORTH COMMERCE PARKWAY Address: Address: CORAL SPRINGS, FL City-St-Zip: City-St-Zip: MIRAMAR, FL 33025 Title: VΡ Title: () Delete (X) Change () Addition Name: STADELMANN, WERNER Name: SLOVIN, STEPHAN 1325 NW 127 AVE 3015 NORTH COMMERCE PARKWAY Address: Address: MIRAMAR, FL 33025 CORAL SPRINGS, FL City-St-Zip: City-St-Zip: Title: CFO () Delete Title: () Change () Addition HUSSAIN, MICHAEL Name: Name: 8950 NW 189TH TERRACE Address: Address: City-St-Zip: HIALEAH, FL 33018 City-St-Zip: Title: () Delete Title: () Change () Addition HELLER, SANDRA Name: Name: Address: 3015 NORTH COMMERCE PARKWAY Address: City-St-Zip: City-St-Zip: MIRAMAR, FL 33125 Title: Title: () Delete () Change (X) Addition WYDLER, ULRICH Name: Name: Address: 3015 NORTH COMMERCE PARKWAY Address: City-St-Zip: City-St-Zip: MIRAMAR, FL 33025 Title: () Delete Title: () Change (X) Addition STADELMANN, WERNER Name: Name: 3015 NORTH COMMERCE PARKWAY Address: Address: City-St-Zip: City-St-Zip: MIRAMAR, FL 33025

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL HUSSAIN CFO 07/29/2008