

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # J48634 (6)**  
1. Corporation Name  
**NACO, U.S.A., INCORPORATED**



Principal Place of Business Mailing Address  
**100 GUS HIPPI BLVD  
ROCKLEDGE FL 32955** **100 GUS HIPPI BLVD  
ROCKLEDGE FL 32955**

3. Date Incorporated or Qualified **12/18/1986** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **59-1930466** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**WOOSLEY, JEFFERY G.  
100 GUS HIPPI BLVD  
ROCKLEDGE FL 32955**

10. Name and Address of New Registered Agent  
81 Name **Karen D. Hubner**  
82 Street Address (P.O. Box Number is Not Acceptable) **100 North Tampa Street**  
83  
84 City **Tampa,** FL 85 Zip Code **33602**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Karen D. Hubner* DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>STANGE, FREDRIK</b>
STREET ADDRESS	<b>100 GUS HIPPI BLVD</b>
CITY-ST-ZIP	<b>ROCKLEDGE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PREUS, KNUT F.</b>
STREET ADDRESS	<b>100 GUS HIPPI BLVD.</b>
CITY-ST-ZIP	<b>ROCKLEDGE FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>KOGSTAD, ROLF E.</b>
STREET ADDRESS	<b>800 THIRD AVE.</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>JEFFERY WOOSLEY</b>
STREET ADDRESS	<b>100 GUS HIPPI BLVD.</b>
CITY-ST-ZIP	<b>ROCKLEDGE FL 32955</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>Meling, Jan Fredrik</b>
13 STREET ADDRESS	<b>100 Gus Hipp Blvd.</b>
14 CITY-ST-ZIP	<b>Rockledge, FL 32955</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<b>ST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>Karen D. Hubner</b>
43 STREET ADDRESS	<b>100 North Tampa Street</b>
44 CITY-ST-ZIP	<b>Tampa, FL 33602</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Karen D. Hubner* 5/2/96 (813)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)