

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUL -2 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K32378

1. Entity Name
FISCHER U.S.A., INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2995 Wilderness P1

3. Mailing Address
2995 Wilderness P1

Suite, Apt. #, etc.
Suite 102

Suite, Apt. #, etc.
Suite 102

City & State
Boulder, CO

City & State
Boulder, CO

Zip
80301

Country
USA

Zip
80301

Country
USA

4. FEI Number
59-2461407

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

300006274453--4

-07/09/02--01044--004

*****61.25 *****61.25

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
BAUR, THOMAS

Street Address (P.O. Box Number is Not Acceptable)
100 N. Biscayne Blvd., Suite 2100

City
Miami

FL

Zip Code
33132

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

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) ☐

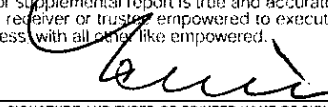
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FISCHER, JOSEPH 2995 Wilderness Place, Suite 102 Boulder, CO 80301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FALKENSTEIN, GARY 2995 Wilderness Place, Suite 102 Boulder, CO 80301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRELLINGER, KARL 2995 Wilderness Place, Suite 102 Boulder, CO 80301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAUR, THOMAS 100 N. Biscayne Blvd., Suite 2100 Miami, FL 33132	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD UNKELBACH, MICHAEL Schustrasse 2 40213 Duesseldorf, Germany	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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)(f), 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 on an attachment with an address with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Date

Daytime Phone

6/30/02

305-377-3561

CR2E034B (12/01)