2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State
01-12-2004 90027 042 ***150.00

24001159

01082004 NoChg-P CR2E034(10/03)

DOCUMENT# P01000010088

1. EntityName
HOHENSTEIN INSTITUTE (USA), INC.

PrincipalPlaceofBusiness
18604 DEMKO RD
ALTOONA, FL 32702

MailingAddress
P.O. BOX 468
UMATILLA, FL 32784

DO NOT WRITE IN THIS SPACE

4. FEINumber
04-3677984
AppliedFor
NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

WEATHERFORD, JOHN D
910 S BAY ST
EUSTIS, FL 32726

DO NOT WRITE IN THIS SPACE

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenre instating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS

TITLE	PD
NAME	MECHEELS, DR STEFAN
STREETADDRESS	FRIEDHOFSTRASSE 28, 74366 KIRCHHEIM/N
CITY-ST-ZIP	GERMANY,
TITLE	VSDT
NAME	UMBACH, DR KARL-HEINZ
STREETADDRESS	18604 DEMKO RD
CITY-ST-ZIP	ALTOONA, FL 32702
TITLE	D
NAME	WENTZ, DR MANFRED
STREETADDRESS	9016 OAK BRANCH DR
CITY-ST-ZIP	APEX, NC 27502
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. Iherebycertifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedin Section119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatiamanofficerordirector ofthecorporationorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter607,FloridaStatutes;an dthatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwith anaddress,withallotherlikeempowered.

SIGNATURE: _____ 1/8/2004 352-669-3235
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#