


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000010088
 1. Entity Name
 HOHENSTEIN INSTITUTE (USA), INC.



Principal Place of Business Mailing Address
 18604 DEMKO RD P.O. BOX 468
 ALTOONA, FL 32702 UMATILLA, FL 32784

DO NOT WRITE IN THIS SPACE



01022008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 04-3677984 Not Applicable

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

6. Name and Address of Current Registered Agent
 WEATHERFORD, JOHN D
 910 S BAY ST
 EUSTIS, FL 32726

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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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MECHEELS, DR STEFAN FRIEDHOFSTRASSE 28, 74366 KIRCHHEIM/N GERMANY,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DT UMBACH, DR KARL-HEINZ 18604 DEMKO RD ALTOONA, FL 32702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENTZ, DR MANFRED 9016 OAK BRANCH DR APEX, NC 27502
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 01/14/08-80024-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **1/9/2008** _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #