2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 18, 2000 8:00 am Secretary of State **DOCUMENT # P01016** GERMANIA OF AMERICA, INC. 05-18-2000 90340 041 ***150.00 Principal Place of Business Mailing Address 3340 PEACHTREE RD., NE. SUITE 2995 3340 PEACHTREE RD., NE. SUITE 2995 ATLANTA GA 30326 ATLANTA GA 30326-1092 VARACTAR 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 58-1516988 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GAGE, HUGH B JR. Street Address (P.O. Box Number is Not Acceptable) 2102 S. 29TH ST. .FT..PIERCE FL 34947 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) The 🖳 🏗 👵 🗀 🗀 Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PDC . TITLE ☐ Change ☐ Addition ☐ Delete TITLE WERNER, HELMUT K NAME NAME STREET ADDRESS STREET ADDRESS 3340 PEACHTREE RD., NE, SUITE 2995 CITY-ST-ZIP CITY-ST-7IP ATLANTA GA 30326 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME FAERBER, RUDOLF NAME STREET ADDRESS STREET ADDRESS 3340 PEACHTREE RD., NE, SUITE 2995 CITY-ST-7IP CITY-ST-ZIP ATLANTA GA 30326 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME HARTMANN, JOHANNES C STREET ADDRESS STREET ADDRESS 3340 PEACHTREE RD., NE, SUITE 2995 CITY-ST-ZIP CITY-ST-ZIP atlanta ga 30326 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME GAGE, HUGH B JR. STREET ADDRESS STREET ADDRESS 3340 PEACHTREE RD., NE, SUITE 2995 CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30326 Change Ch ☐ Addition ☐ Delete TITLE VM TITLE RATHKE, ANDREAS M. RATHKE, ANDREAS M NAME NAME STREET ADDRESS STREET ADDRESS 3340 PEACHTREE RD., NE, SUITE 2995 CITY-ST-ZIP CITY-ST-7IP atlanta ga 3<u>0326</u> ☐ Change ☐ Addition TITLE Delete TITLE ST NAME HARROLD, THOMAS J NAME STREET ADDRESS STREET ADDRESS 1409 PEACHTREE STREET, NE CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30309

13. I hereby certify that the information supplied with this filling does not qualify fer the exemption stated in Section 119.07(3)(i), 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

4-28-00