

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P03882**

1. Entity Name

DYWIDAG SYSTEMS INTERNATIONAL, USA, INC.**FILED**
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90072 033 ***150.00

Principal Place of Business

**320 MARMON DRIVE
BOLINGBROOK IL 60440**

Mailing Address

**320 MARMON DRIVE
BOLINGBROOK IL 60440-3078**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

13-2635618

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **SV** ☐ Delete
NAME **ALLAN, ADAM S.**
STREET ADDRESS **320 MARMON DRIVE**
CITY-ST-ZIP **BOLINGBROOK IL**TITLE **V** ☐ Delete
NAME **BONOMO, RONALD J.**
STREET ADDRESS **320 MARMON DRIVE**
CITY-ST-ZIP **BOLINGBROOK IL**TITLE **ST** ☐ Delete
NAME **KOLBECK, MAX**
STREET ADDRESS **320 MARMON DRIVE**
CITY-ST-ZIP **BOLINGBROOK IL**TITLE **D** ☐ Delete
NAME **VAN LAMMEREN, ERIC**
STREET ADDRESS **ERDINGER LANDSTR 1**
CITY-ST-ZIP **ASCHHEIM, GERMANY GE**TITLE **D** ☐ Delete
NAME **MUNDORF, HANNS-BERT**
STREET ADDRESS **ERDINGER LANDSTR. 1**
CITY-ST-ZIP **ASCHHEIM, GERMANY GE**TITLE **D** ☐ Delete
NAME **FITZNER, WOLF E**
STREET ADDRESS **ERDINGER LANDSTR 1**
CITY-ST-ZIP **ASCHHEIM, GERMANY**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Max Kolbeck, Treasurer**2/28/00 (630) 739-1100**

Date

Daytime Phone #

CR2E034 (9/99)