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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P14085 (5)

1. Corporation Name
KLOCKNER NAMASCO CORPORATION

Principal Place of Business: **P.O. BOX 5118 TAMPA FL 33675-5118**
Mailing Address: **P.O. BOX 5118 TAMPA FL 33675-5118**

3. Date Incorporated or Qualified: **04/17/1987** 3a. Date of Last Report: **05/01/1994**
4. FEI Number: **38-2046626** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**
City & State: **23** City & State: **28**
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**HOERSCHGENS, ARNO W.
907 S 20TH STREET
TAMPA FL 33605**

10. Name and Address of New Registered Agent
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____ 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
(Print name of registered agent and the # of applicants) (Print Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	SEEGER, KARL-HANS
STREET ADDRESS	%30360 EDISON DRIVE
CITY - ST - ZIP	ROSEVILLE MI
TITLE	V
NAME	KOOPMAN, UDO W.
STREET ADDRESS	30360 EDISON DRIVE
CITY - ST - ZIP	ROSEVILLE MI
TITLE	D
NAME	FROENING, GUENTER
STREET ADDRESS	%30360 EDISON DRIVE
CITY - ST - ZIP	ROSEVILLE MI
TITLE	VTS
NAME	BUDENBENDER, GEORGE
STREET ADDRESS	30360 EDISON DRIVE
CITY - ST - ZIP	ROSEVILLE MI
TITLE	D
NAME	HOECHST, PAUL O.
STREET ADDRESS	%30360 EDISON DRIVE
CITY - ST - ZIP	ROSEVILLE MI
TITLE	PD
NAME	MUELLER, F.W.
STREET ADDRESS	%30360 EDISON DRIVE
CITY - ST - ZIP	ROSEVILLE MI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Raimund Muesers
1.3 STREET ADDRESS	666 Old Country Road
1.4 CITY - ST - ZIP	Garden City, NY 11530
2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Koopmann Udo W.
2.3 STREET ADDRESS	666 Old Country Road
2.4 CITY - ST - ZIP	Garden City, NY 11530
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Agthe Klaus, Dr.
3.3 STREET ADDRESS	666 Old Country Road
3.4 CITY - ST - ZIP	Garden City, NY 11530
4.1 TITLE	VTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Budenbender Georg
4.3 STREET ADDRESS	666 Old Country Road
4.4 CITY - ST - ZIP	Garden City, NY 11530
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Reeves Bernie
5.3 STREET ADDRESS	666 Old Country Road
5.4 CITY - ST - ZIP	Garden City, NY 11530
6.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Mueller Friedrich W.
6.3 STREET ADDRESS	666 Old Country Road
6.4 CITY - ST - ZIP	Garden City, NY 11530

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an addressee.

SIGNATURE: _____ DATE: _____
(Signature and typed or printed name of signing officer or director)

Assist. Corporate Secretary 4-21-95 (813)247-4511