FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P21887** **(5)**

1. Corporation Name
HULS AMERICA INC.

Principal Place of Business
220 DAVIDSON AVE
SOMERSET NY 06873
US

Mailing Address
C/O HULS CORPORATION
13801 RIVERPORT DRIVE, SUITE 500
MARYLAND HEIGHTS MO 63043-4826
US

3. Date Incorporated or Qualified: **11/28/1988**
3a. Date of Last Report: **05/01/1996**

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

4. FEI Number: **13-2958049** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 (Required when reinstating) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	RUTER, JORN		1.2 NAME		
STREET ADDRESS	220 DAVIDSON AVE		1.3 STREET ADDRESS	Paul-Baumann-Str. 1	
CITY-ST-ZIP	SOMERSET NJ		1.4 CITY-ST-ZIP	45772 Marl, Germany	
TITLE	PCOO	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BURZIN, KLAUS		2.2 NAME		
STREET ADDRESS	220 DAVIDSON AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SOMESET NJ		2.4 CITY-ST-ZIP		
TITLE	VCFO	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SIGG, BRIAN J		3.2 NAME		
STREET ADDRESS	220 DAVIDSON AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SOMERSET NJ		3.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	O'BRIEN, P.T.		4.2 NAME		
STREET ADDRESS	220 DAVIDSON AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SOMERSET NJ		4.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	5.1 TITLE	V	☐ Change ☒ Addition
NAME	MAGGIO, THOMAS E		5.2 NAME	Klaus Schrage	
STREET ADDRESS	220 DAVIDSON AVE		5.3 STREET ADDRESS	220 Davidson Ave	
CITY-ST-ZIP	SOMERSET NJ		5.4 CITY-ST-ZIP	Somerset NJ 08873	
TITLE	V	☒ DELETE	6.1 TITLE	V	☐ Change ☒ Addition
NAME	MOROFF, GERALD E		6.2 NAME	John J. Collins	
STREET ADDRESS	220 DAVIDSON AVE		6.3 STREET ADDRESS	220 Davidson Ave	
CITY-ST-ZIP	SOMERSET NJ		6.4 CITY-ST-ZIP	Somerset NJ 08873	

CR2E034 (9/96)

14. 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 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, added or deleted.

SIGNATURE: [signature] 3/19/97 314-298-4100
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #