

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 12, 1999 8:00 am  
Secretary of State

04-12-1999 90021 012 \*\*\*150.00

DOCUMENT # P21887

1. Corporation Name  
CREANOVA INC.

Principal Place of Business  
220 DAVIDSON AVE  
SOMERSET NJ 08873  
US

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/28/1988

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 owes the current year Intangible  
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME MINNERUP, DR. WOLFGANG CEO

STREET ADDRESS PAUL-BAUMANN-STR.

CITY-ST-ZIP 45764 MARL GE

TITLE D ☐ DELETE

NAME BURZIN, KLAUS

STREET ADDRESS PAUL-BAUMANN-STR.

CITY-ST-ZIP 45764 MARL GE

TITLE VCFO ☐ DELETE

NAME SIGG, BRIAN J

STREET ADDRESS 220 DAVIDSON AVE

CITY-ST-ZIP SOMERSET NJ

TITLE VSD ☐ DELETE

NAME O'BRIEN, P.T.

STREET ADDRESS 220 DAVIDSON AVE

CITY-ST-ZIP SOMERSET NJ

TITLE V ☐ DELETE

NAME MORLINO, ROBERT J

STREET ADDRESS 220 DAVIDSON AVE

CITY-ST-ZIP SOMERSET NJ 08873

TITLE V ☐ DELETE

NAME COLLINS, JOHN J O

STREET ADDRESS 220 DAVIDSON AVE

CITY-ST-ZIP SOMERSET NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P/CEO ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE V/T/CFO ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

See Above Signature Required Brian J. Sigg

4/6/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0549786

CR2E034 (11/98)