CR2E034 (5/01

2001' UNIFORM BUSINESS REPORT (UBR)

Jul 10, 2001 8:00 am P30699 DOCUMENT # **Secretary of State** 1. Entity Name: WURTH USA SOUTHEAST INC. 07-10-2001 90131 029 ***550.00 Principal Place of Business Mailing Address 8501 PARKLINE BLVD. 8501 PARKLINE BLVD. ORLANDO FL 32809 ORLANDO FL 32809 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 22-3067018 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE ☐ Delete TITLE VIANA, JOSE NAME NAME **575 CORPORATE DR** STREET ADDRESS STREET ADDRESS MAHWAH NJ 07430 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME JAEGER, WALTER STREET ADDRESS STREET ADDRESS 575 CORPORATE DR CITY-ST-ZIP CITY-ST-7IP MAHWAH NJ 07430 Change ☐ Addition... TITLE .--□ Delete TITLE NAME MERKLEIN, KONRAD NAME STREET ADDRESS STREET ADDRESS 8501 PARKLINE BLVD CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE C WURTH, REINHOLD NAME NAME **575 CORPORATE DR** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAHWAH NJ 07430 CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete NAME LANGE, CHRISTOPH **575 CORPORATE DR** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAHWAH NJ 07430 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEKOURAS HERLIEW