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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P32626** **(4)**

1. Corporation Name
TROLLI INC.

Principal Place of Business	Mailing Address
ATTN: PETER C. LINZMEYER, ESQUIRE 3000 K ST., NW. STE 500 WASHINGTON DC 20007-5109 US	ATTN: PETER C. LINZMEYER, ESQUIRE 3000 K ST., NW. STE. 500 WASHINGTON DC 20007-5109 US

3. Date Incorporated or Qualified: 01/28/1991
3a. Date of Last Report: 04/15/1996

2. Principal Place of Business (21): 7951 S.W. 6th Street
Suite, Apt. #, etc. (22): Suite 300
City & State (23): Plantation, Florida
Zip (24): 33324 Country (25): USA

2a. Mailing Address (26): 7951 S.W. 6th Street
Suite, Apt. #, etc. (27): Suite 300
City & State (28): Plantation, Florida
Zip (29): 33324 Country (30): USA

4. FEI Number: 52-1716800 ☐ 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

Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD MEDERER, HERBERT OSTSTRASSE 94 D-90763 FUERTH GE	☐ DELETE	P Mederer, Herbert Ostrasse 94 D-90763 Furth Germany	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MINSKI, JOSE STE 300, 7951 SW 6TH ST. PLANTATION FL	☐ DELETE	V Minski, Jose Suite 300, 7951 S.W. 6th Street Plantation, Florida 33324	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LINZMEYER, PETER C. 3000 K ST., N.W., STE. 500 WASHINGTON DC	☒ DELETE	[redacted] VD Bano, Al 75 Tri State International Lincolnshire, Ill. 60069	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEDERER, HILDEGARDE SPERBERSTRASSE 24 D-90768 FUERTH GE	☒ DELETE	VD Davies, Robert 75 Tri State International Lincolnshire, Ill. 60069	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	VP Price, William 75 Tri-State International Lincolnshire, Ill. 60069	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	D Seaver, Alexander 75 Tri-State International Lincolnshire, Ill. 60069	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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, changed, or on an attachment with an address.

SIGNATURE _____ 05/07/97 847-374-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #