2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # P34292** Apr 28, 2000 8:00 am Secretary of State 1. Entity Name EM INDUSTRIES, INCORPORATED, A NEW YORK CORPORAT 04-28-2000 90097 034 ***150.00 Principal Place of Business Mailing Address 7 SKYLINE DRIVE 7 SKYLINE DRIVE HAWTHORNE NY 10532-2156 HAWTHORNE NY 10532 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 13-2666399 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 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. 1964年(266.7) SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE ☐ Addition TITLE NAME WRIEDE, PETER A DR. NAME STREET ADDRESS STREET ADDRESS 7 SKYLINE DRIVE CITY-ST-ZIP CITY-ST-ZIP HAWTHORNE NY ☐ Addition ☐ Change CF0 ☐ Delete TITLE NAME Janssen, Dieter NAME STREET ADDRESS STREET ADDRESS 7 SKYLINE DRIVE CITY-ST-ZIP CITY-ST-ZIP HAWTHORNE NY 10532 --- Delete --TITLE ~ Change ☐ Addition DITLE KUNST, STEPHEN J. NAME NAME STREET ADDRESS STREET ADDRESS 7 SKYLINE DRIVE CITY-ST-ZIP CITY-ST-ZIP HAWTHORNE NY Change ★ Addition TITLE ■ Delete SOMBROEK, JAH DR. FRANKFURTERSTRASSE 250 SCHROEDER, HARALD J DR NAME NAME STREET ADDRESS STREET ADDRESS FRANKFURER STRASSE 250 CITY-ST-ZIP CITY-ST-ZIP DARMSTADT, GERMANY DARMSTADT GE ☐ Addition ☐ Delete TITLE Change TIT1 F NAME NAME RICE, CHARLES A. STREET ADDRESS 2751 NAPA VALLEY CORP. DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPA CA ☐ Addition ☐ Delete TITLE ☐ Change TITLE HACKETT, RICHARD K. NAME NAME STREET ADDRESS STREET ADDRESS 7 SKYLINE DRIVE CITY-ST-ZIP CITY-ST-7IP HAWTHORNE NY

13. I hereby certify that the information supplied with this filling 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 the corporation of the corporation of 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

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Buchard K

SIGNATURE:

APRIL 20 2000 914-592-4660

K. H. L. C. L. J. U. RED