

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90015 045 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P36993V**

1. Corporation Name
ASTEC AMERICA INC.

Principal Place of Business

**6339 PASEO DEL LAGO
CARLSBAD CA 92009
US**

Mailing Address

**6339 PASEO DEL LAGO
CARLSBAD CA 92009
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1991

4. FEI Number

36-2930831

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. ☐ Yes ☐ No

2. Principal Place of Business

21 5810 VAN ALLEN WAY

2a. Mailing Address

26 5810 VAN ALLEN WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 CARLSBAD CA

City & State

28 CARLSBAD CA

Zip

24 92008

Country

25 USA

Zip

29 92008

Country

30 USA

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 **D** ☐ DELETE
NAME **HOWARD LANCE**
STREET ADDRESS **38TH FLOOR CENTRAL PLAZA 18 HARBOUR RD**
CITY-ST-ZIP **WANCHAI HO 3**

TITLE **D** ☐ DELETE
NAME **SMITH, MICHAEL D.**
STREET ADDRESS **8/F SSS MAKATI, BLDG 6 AYALA AVENUE**
CITY-ST-ZIP **MAKITI CITY ME**

TITLE **DP** ☐ DELETE
NAME **GELDMACHER, JAY L.**
STREET ADDRESS **6339 PASEO DEL LAGO**
CITY-ST-ZIP **CARLSBAD CA**

TITLE **VPS** ☐ DELETE
NAME **BREWER, OHN**
STREET ADDRESS **38TH FLOOR, CENTRAL PLAZA, 18 HARBOUR ROAD**
CITY-ST-ZIP **WANCHAI HO**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ 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 ☐ 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.

SIGNATURE:

WILLIAM S. HARTSHORN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/99
Date

(740) 930-4737
Daytime Phone #

CR2E034 (5/99)

0121264