

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P37768

1. Entity Name

STOCKHAUSEN, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90187 047 ***150.00

Principal Place of Business

Mailing Address

2401 DOYLE STREET
GREENSBORO NC 27406
US

2401 DOYLE STREET
GREENSBORO NC 27406-2911
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **56-1205133**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DC	<input type="checkbox"/> Delete
NAME	MURMANN, PETER	
STREET ADDRESS	BAEKERFPAD 25 D-4150	
CITY-ST-ZIP	KREFELD, GERMANY	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	WASMER, PETER R.	
STREET ADDRESS	2401 DOYLE STREET	
CITY-ST-ZIP	GREENSBORO NC	
TITLE	S	<input type="checkbox"/> Delete
NAME	DAGENHART, LARRY J.	
STREET ADDRESS	277 NORTH TRYON STREET	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, MICHAEL	
STREET ADDRESS	2401 DOYLE ST	
CITY-ST-ZIP	GREENSBORO NC 27406	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BIANGARDI, JURGEN	
STREET ADDRESS	13801 RIVERPORT DR	
CITY-ST-ZIP	MARYLAND HEIGHTS MO 63043	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wolfgang Minnerup	
STREET ADDRESS	220 Davidson Ave.	
CITY-ST-ZIP	Somerset, NJ 08873	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ulrich Siele	
STREET ADDRESS	2401 Doyle St.	
CITY-ST-ZIP	Greensboro, NC 27406	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ulrich Siele

3/14/00

Date

336-333-3500

Daytime Phone #

CR2E034 (9/99)