

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90041 004 ***150.00

DOCUMENT # P38518

1. Entity Name
ROHDE & LIESENFELD, INC.



Principal Place of Business
2200 NW 110TH AVE.
SUITE 301
MIAMI, FL 33172

Mailing Address
240 W 35 STREET, STE 1201
NEW YORK, NY 10001



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
13-2859141

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☐ Delete
NAME LIESENFELD, DIETER
STREET ADDRESS HAMMERBROOKSTRABE 89 POB
CITY-ST-ZIP HAMBURG, GR 105429

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME LIESENFELD, BODO
STREET ADDRESS HAMMERBROOKSTRABE 89 POB
CITY-ST-ZIP HAMBURG, GR 105429

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE COO ☐ Delete
NAME OUNDIS, THOMAS
STREET ADDRESS 9 CASAZZA PLACE
CITY-ST-ZIP PEARL RIVER, NY 10965

TITLE ☒ Change ☐ Addition
NAME UTE BENDER
STREET ADDRESS 68 W 12TH ST.
CITY-ST-ZIP DAYTONE, NJ 07002

TITLE SD ☐ Delete
NAME QUIMOYOG, GREG
STREET ADDRESS 923 VAN HOUTEN AVE
CITY-ST-ZIP CLIFTON, NJ 07013

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME MATHES, STEPHAN
STREET ADDRESS HAMMERBROOKSTRABE 89 POB
CITY-ST-ZIP HAMBURG, GR 105429

TITLE ☒ Change ☐ Addition
NAME HANS-LUDGER KORNER
STREET ADDRESS
CITY-ST-ZIP

TITLE CFO ☐ Delete
NAME BOON, CHARLES
STREET ADDRESS 19 CRAMMER LANE
CITY-ST-ZIP HILLSBOROUGH, NJ 08844

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GREG QUIMOYOG ASST. SECRETARY 2-6-06 (212) 432-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #