

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90068 018 \*\*\*150.00

**DOCUMENT # P38969**

1. Entity Name  
**AGCO CORPORATION**

Principal Place of Business

4205 RIVER GREEN PKWY  
 DULUTH GA 30096  
 US

Mailing Address

4205 RIVER GREEN PKWY  
 DULUTH GA 30096  
 US

541100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **58-1960019**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

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TITLE VP	PERKINS, CHRIS E 4205 RIVER GREEN PKWY DULUTH GA 30096-2568	TITLE VP	BOWD, NORMAN L. 4205 RIVER GREEN PKWY. DULUTH, GA 30096-2568
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ECOB	RATLIFF, ROBERT J. 4205 RIVER GREEN PKWY DULUTH GA 30096-2568	TITLE NAME	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		TITLE NAME	
TITLE PCEO	SHUMEJDA, JOHN M. 4205 RIVER GREEN PKWY DULUTH GA 30096-2568	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		TITLE NAME	VT WILLIAMS, DAVID K.
CITY-ST-ZIP		STREET ADDRESS	4205 RIVER GREEN PKWY
TITLE VT	NIX, WILLIAM A III 4205 RIVER GREEN PKWY DULUTH GA 30096-2568	CITY-ST-ZIP	DULUTH, GA 30096-2568
NAME		TITLE NAME	S LUPTON, STEPHEN
STREET ADDRESS		STREET ADDRESS	4205 RIVER GREEN PKWY
CITY-ST-ZIP		CITY-ST-ZIP	DULUTH, GA 30096-2568
TITLE S	SWICK, MICHAEL F 4205 RIVER GREEN PKWY DULUTH GA 30096-2568	TITLE NAME	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		TITLE NAME	
TITLE C	BECK, ANDREW H 4205 RIVER GREEN PKWY DULUTH GA 30096-2568	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		TITLE NAME	
CITY-ST-ZIP		STREET ADDRESS	

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

4/27/01

Date

(770) 863-9260

Daytime Phone #

CR2E034 (10/00)