ANNUAL REPORT
1995

Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:12

DOCUMENT # P39970 (9)

1. Corporation Name

P.A.M. PRODUCT AUTOMATIZATION MACHINE CORPORATIO
N

Principal Place of Business	Mailing Address
MUEHLBAUER GMBH WERNER-VON-SIEMENS-STR. 3, 8495 RODING GERMANY	MUEHLBAUER GMBH WERNER-VON-SIEMENS-STR. 3, 8495 RODING GERMANY

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/10/1992	3a. Date of Last Report: 03/03/1994

2. Principal Place of Business 21 MUEHLBAUER, INC. Suite, Apt. #, etc. 22 725 MIDDLE GROUND BOULEVARD City & State 23 NEWPORT NEWS, VIRGINIA Zip: 24 23606 Country: 25 USA	2a. Mailing Address 26 MUEHLBAUER, INC. Suite, Apt. #, etc. 27 725 MIDDLE GROUND BOULEVARD City & State 28 NEWPORT NEWS, VIRGINIA Zip: 29 23606 Country: 30 USA	4. FEI Number: 65-0350588 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	11 TITLE	D/T	☒ Change ☐ Addition
NAME	MUEHLBAUER, JOSEF	12 NAME	JOSEF MUEHLBAUER	
STREET ADDRESS	METTENBUCH 11, 94526	13 STREET ADDRESS	WERNER=VON=SIEMENS=STRASSE 3	
CITY-ST-ZIP	METTEN, GERMANY	14 CITY-ST-ZIP	RODING=GERMANY=93426	
TITLE	S	21 TITLE	S	☒ Change ☐ Addition
NAME	SCHMID, HELLMUTH W.	22 NAME	MUEHLBAUER, INC.	
STREET ADDRESS	KAISERPLATZ 2	23 STREET ADDRESS	725 MIDDLE GROUND BOULEVARD	
CITY-ST-ZIP	80803 MUENCHEN GE	24 CITY-ST-ZIP	NEWPORT NEWS=VA=23606 USA	
TITLE		31 TITLE	P	☐ Change ☒ Addition
NAME		32 NAME	DONALD JOYCE	
STREET ADDRESS		33 STREET ADDRESS	THE BURKE'S POND MILL	
CITY-ST-ZIP		34 CITY-ST-ZIP	JAMES STORE=VA=23080 USA	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 asterisk.

SIGNATURE: [signature] 03/30/95 1-804-873-0424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0493376 IN