2000 UNIFORM BUSINESS REPORT (UBR) FILED May 11, 2000 8:00 am Secretary of State DOCUMENT # 9600009817 1. Entity Name 05-11-2000 91436 001 ***450.00 SACHSENRING CORP. Principal Place of Business Mailing Address c/o German Services, Inc. 7081 Appleby Drive 14063 Naples, Florida 34104 4100 Corporate Sq. #137 Naples, Florida 34104 2. Principal Place of Business 3. Mailing Address c/o German Services, Inc. 7081 Appleby Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE <u>4100 Corporate Sq. #137</u> City & State City & State 4. FEI Number Applied For Naples, Florida Naples, Florida 59-3462010 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34104 34104 USA USA Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent James Amburn 5117 Castello Drive, Suite 1 Naples, Florida 34103 antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition President, Director NAME NAME Treasurer STREET ADDRESS STREET ADDRESS Ernst-Wilhelm Rittinghaus CITY-ST-ZIP CITY-ST-ZIP Crimmitschauer Str. 67, D=08058 Zwic au, Germany TITLE ☐ Change ☐ Addition Vice Presdent, Director NAME NAME Secretary STREET ADDRESS STREET ADDRESS Ulf Rittinghaus CITY-ST-7IP CITY-ST-ZIP Crimmitschauer Str. 67, D-08058, Zwic Germany aue TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-7IP 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.

Date

Daytime Phone #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR