FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 22, 2001 8:00 am Secretary of State DOCUMENT # P96 0000 98/11 1. Entity Name 05-22-2001 90050 044 ***150.00 Sachsenring Corp. Principal Place of Business Mailing Address 4100 Corporate Sq., #137 Same 770357 Naples, Floirda 34104 2. Principal Place of Business 3. Mailing Address 4100 Corporate Sq. Suite, Apt. #, etc. .Same Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #137 City & State City & State 4. FEI Number Applied For Not Applicable 59-3462010 <u>Naples, Florida</u> Country \$8.75 Additional 5. Certificate of Status Desired Fee Required <u>34104</u> 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Amburn, James Street Address (P.O. Box Number is Not Acceptable) 5117 Castello Drive, Suite 1 Naples, Florida 34103 Zip Code City 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) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition TITLE TITLE ☐ Delete PTD NAME NAME Rittinghaus, Ernst-Wilhelm STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Crimmitschauer Str. 67 CITY-ST-ZIP D-08058 Zwickau, Germany, ☐ Addition TITLE Change TITLE VSD NAME NAME Rittinghaus, Ulf STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Crimmitschauer Str. 67 Addition D-08058 Zwickau, Germanyelete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE 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-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME

13. 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 given like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-\$T-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 4.200/

Daytime Phone #