

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90234 041 \*\*\*158.75

DOCUMENT # P98000017456 *OK*

1. Corporation Name  
URS US-GERMAN RELATION SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
966 POINT SEASIDE DR.  
CRYSTAL BEACH  
FL 34681

Mailing Address  
PO BOX 889  
CRYSTAL BEACH  
FL 34681

PREVIOUS ADDRESS:  
3400 S TAMiami  
TRL SUITE 303  
SARASOTA  
FL 34239

|  |   |  |                               |
|--|---|--|-------------------------------|
| 2. Principal Place of Business<br>21 966 POINT SEASIDE DR.<br>Suite, Apt. #, etc.<br>22 <i>E</i> | 2a. Mailing Address<br>26 PO BOX 889<br>Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>65-0820796  | Applied For<br>Not Applicable |
| City & State<br>23 CRYSTAL BEACH FL  | City & State<br>28 CRYSTAL BEACH FL                               | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional<br>Fee Required                                      |                               |
| Zip<br>24 34681  | Country<br>25 USA   | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees                           |                               |
| Zip<br>29 34681  | Country<br>30 USA   | 8. This corporation owes the current year Intangible<br>Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                               |

9. Name and Address of Current Registered Agent

CHRISTOPHER P. JAENSCH  
2198 MAIN STREET  
SARASOTA FL 34237

10. Name and Address of New Registered Agent

|   |                      |
|---|----------------------|
| 81 Name   | ECKEHARDT HAMANN     |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 966 POINT SEASIDE DR |
| 83  | PO BOX 889           |
| 84 City   | CRYSTAL BEACH        |
| 85 Zip Code   | FL 34681             |

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 *[Signature]* ECKEHARDT HAMANN 4/12/99  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------------------|---|---|
| TITLE                      | D <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       | Braune, Anja                      | 1.2 NAME  |   |
| STREET ADDRESS             | Puening 24                        | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | 48351 Everswinkel, Germany        | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                   | 2.2 NAME  | <del>ECKEHARDT HAMANN</del>   |
| STREET ADDRESS             |                                   | 2.3 STREET ADDRESS                                    | <del>966 POINT SEASIDE DRIVE PO BOX 889</del>   |
| CITY-ST-ZIP                |                                   | 2.4 CITY-ST-ZIP                                       | <del>CRYSTAL BEACH FL 34681</del>   |
| TITLE                      | <input type="checkbox"/> DELETE   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       |                                   | 3.2 NAME  |   |
| STREET ADDRESS             |                                   | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       |                                   | 4.2 NAME  |   |
| STREET ADDRESS             |                                   | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       |                                   | 5.2 NAME  |   |
| STREET ADDRESS             |                                   | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       |                                   | 6.2 NAME  |   |
| STREET ADDRESS             |                                   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 6.4 CITY-ST-ZIP                                       |   |

14. 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 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 address, with all other like empowered.

SIGNATURE:

*[Signature]* Anja Braune, DIRECTOR, 04/12/1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)