

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000085793

FILED
Apr 23, 2003
Secretary of State

Entity Name: H. LANGE CORPORATION

Current Principal Place of Business:

% DEAN VEGOSEN
515 N. FLAGLER DRIVE, 18TH FLOOR
WEST PALM BEACH, FL 33401

Current Mailing Address:

% DEAN VEGOSEN
515 N. FLAGLER DRIVE, 18TH FLOOR
WEST PALM BEACH, FL 33401

New Principal Place of Business:

C/O DEAN VEGOSEN
515 N. FLAGLER DRIVE, 18TH FLOOR
WEST PALM BEACH, FL 33401

New Mailing Address:

C/O DEAN VEGOSEN
515 N. FLAGLER DRIVE, 18TH FLOOR
WEST PALM BEACH, FL 33401

FEI Number: 65-0878843

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VEGOSEN, DEAN ESQ.
515 N. FLAGLER DRIVE
18TH FLOOR
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPAS () Delete
Name: LANGE, RUDIGER
Address: SCHUTZENSTRASSE 11-13
City-St-Zip: D-85757 KARLSFELD, GERMANY,

Title: VS () Delete
Name: LANGE, HELGA
Address: VILLA 79C VALE DO LOBO
City-St-Zip: ALMANCIL, PORTUGAL, P-813

Title: V () Delete
Name: LANGE, SYLVIA
Address: AUGUST-HORCH-STR. 28
City-St-Zip: D-80999 MUNCHEN, GERMANY,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPAS (X) Change () Addition
Name: LANGE, RUDIGER
Address: SCHUTZENSTRASSE 13
City-St-Zip: KARLSFELD, GERMANY, BY 85757 D

Title: VS (X) Change () Addition
Name: LANGE, HELGA
Address: SCHWARZSEESTR. 3
City-St-Zip: KITZBUHEL, AUSTRIA, TI 6370 A

Title: V (X) Change () Addition
Name: LANGE, SYLVIA
Address: AUGUST-HORCH-STR. 28
City-St-Zip: MUNCHEN, GERMANY, BY 80999 D

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. LANGE

DPAS

04/23/2003

Electronic Signature of Signing Officer or Director

Date