2000 UNIFORM BUSINESS REPORT (UBR)

9/7/00-90002-037-$550.00-$550.00

DOCUMENT # P99000054555

FILED

00 OCT -6 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

ADC. DOMMEL U.S., INC.

Principal Place of Business	Mailing Address
~~675 S. APOLLO BOULEVARD~~ ~~MELBOURNE FL 32901~~	~~675 S. APOLLO BOULEVARD~~ ~~MELBOURNE FL 32901~~

NEW PHONE: 727 824-0796

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4217 — 4TH St. NORTH	POST OFFICE BOX 1578
Suite, Apt. #, etc. "A"	Suite, Apt. #, etc.
City & State: ST. PETERSBURG, FLORIDA	City & State: St. PETERSBURG, FLORIDA.
Zip: 33703 Country: USA	Zip: 33731-1578 Country: USA.

4. FEI Number 59-3586097 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LIVELLI, DAVID 675 S. APOLLO BOULEVARD MELBOURNE FL 32901	Name: MONIQUE M. DESCENT Street Address (P.O. Box Number is Not Acceptable): 361 — 41 ST AVE NORTH, UNIT 13 City: St. PETERSBURG, FL Zip Code: 33703

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: MONIQUE M. DESCENT — Signature, typed or printed name of registered agent and title if applicable

Monique Descent — (NOTE: Registered Agent signature required when reinstating)

DATE: 10/2/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DOMMEL, KARL GEORG ZWEIBRUECKENSTR 1 MUNCHEN, GERMANY 80331	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WINARSKY, BIANCA 361-41 ST AVE NORTH, UNIT 16 St. PETERSBURG, FL 33703	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DOMMEL, BAERBEL HEDWIG ZWEIBRUECKENSTR 1 MUNCHEN, GERMANY 80331	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HUBACEK, MICHAEL 361-41 ST AVE NORTH, UNIT 16 St. PETERSBURG, FL 33703	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LIVELLI, DAVID 675 S. APOLLO BOULEVARD MELBOURNE FL 32901	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LIVELLI, SUSAN 675 S. APOLLO BOULEVARD MELBOURNE FL 32901	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/00)

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.

SIGNATURE: SIGNATURE REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08130100 — Date

4071992 4933 — Daytime Phone #