LACHENMEIER, INC.					Secretary of State 02-16-2000 90062 034 ***150.00			
Principal Place of Business		Mailing Address	<u> </u>					
112 J STREET. SUITE 200 SACRAMENTO CA 95814		112 J STREET. SUITE 200 SACRAMENTO CA 95814-2200			RAOSS31A			
2. Principal Pla	ace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN	THIS SPACE		
City & State		City & State		4. [Ei Number 58 – 2491142	├	oplied For	
Zip	Country	Zip	Country	5. (Certificate of Status Desired [\$8.75 Add	ditional	
	6. Name and Address of Current F	egistered Agent		7. 1	lame and Address of New Regis	iered Agent		
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324			Name Street A	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Cod	le	
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		50.00	Election Campaign Financi Trust Fund Contribution.		May Be to Fees	
11.	OFFICERS AND D	DIRECTORS	12.		DITIONS/CHANGES TO OFFICER	RS AND DIRECTOR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete TIT NAI STF			President Change Addition Per Lachenmeier Fynsgade 6-10 DK-6400 Sønderborg, DENMARK				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete TIT NAI STI			Chief Financial Officer Change K Addition Per Lachenmeier Fynsgade 6-10 DK-6400 Sønderborg, DENMARK				
TITLE . NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corpor Finn M	rate Secretary Martensen Street, Suite mento, CA 9581		∑ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET AODRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Per La Fynsga	Member achenmeier ade 6-10 00 Sønderborg,	□ Change DENMARK	⊠ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2000 UNIFORM BUSINESS REPORT (UBR)

Daytime Phone #

CR2E034 (9/(9))