

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000005870

**Entity Name:** KORBER MEDIPAK SYSTEMS NA INC.**Current Principal Place of Business:**14501 58TH STREET NORTH  
CLEARWATER, FL 33760**Current Mailing Address:**14501 58TH STREET NORTH  
CLEARWATER, FL 33760**FEI Number:** 54-1726108**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	CEO, DIRECTOR
Name	BREU, GERHARD
Address	14501 58TH STREET NORTH
City-State-Zip:	CLEARWATER FL 33760

Title	SECRETARY, DIRECTOR
Name	LUNDEEN, STEPHEN
Address	14501 58TH STREET NORTH
City-State-Zip:	CLEARWATER FL 33760

Title	PRESIDENT
Name	DECOLLIBUS, MICHAEL
Address	14501 58TH STREET NORTH
City-State-Zip:	CLEARWATER FL 33760

Title	TREASURER, DIRECTOR
Name	TAFELMAIER, JORG
Address	14501 58TH STREET NORTH
City-State-Zip:	CLEARWATER FL 33760

Title	DIRECTOR
Name	ENGELS, MARTIN
Address	14501 58TH STREET NORTH
City-State-Zip:	CLEARWATER FL 33760

*I hereby 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 all other like empowered.*

**SIGNATURE: MICHAEL DECOLLIBUS****PRESIDENT****01/22/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date