

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:20

DOCUMENT # 819098 (5)  
1. Corporation Name  
JOBST INSTITUTE, INC.

Principal Place of Business Mailing Address  
5825 CARNEGIE BLVD. 5825 CARNEGIE BLVD.  
CHARLOTTE NC 28209 CHARLOTTE NC 28209  
US US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		10/18/1965	03/28/1994
22 State, Apt. #, etc.		27 State, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		34-4468774	Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_

(Type or print name of registered agent and file if applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METZGER, PETER	1.2 NAME	
STREET ADDRESS	P.O. BOX 5529	1.3 STREET ADDRESS	
CITY- ST- ZIP	NORWALK CT	1.4 CITY- ST- ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER-BURGDORF, HANS	2.2 NAME	
STREET ADDRESS	UNNASTRASSE 48	2.3 STREET ADDRESS	
CITY- ST- ZIP	HAMBURG, GERMANY	2.4 CITY- ST- ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAUMAN, ROBERT	3.2 NAME	
STREET ADDRESS	4322 GOSFORD PLACE	3.3 STREET ADDRESS	
CITY- ST- ZIP	CHARLOTTE NC	3.4 CITY- ST- ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEELER, DONALD H.	4.2 NAME	
STREET ADDRESS	6801 LINKSIDE CT	4.3 STREET ADDRESS	
CITY- ST- ZIP	CHARLOTTE NC	4.4 CITY- ST- ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DETJEN, DAVID	5.2 NAME	
STREET ADDRESS	90 PARK AVENUE	5.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK, NY 0	5.4 CITY- ST- ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILKKA, ALLAN	6.2 NAME	
STREET ADDRESS	4228 SHEPHERDLEAS LANE	6.3 STREET ADDRESS	
CITY- ST- ZIP	CHARLOTTE NC	6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), 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.

SIGNATURE: Allan A. Kilkka Allan Kilkka 2/17/95 704/554-9933

(Type or print name of signing officer or director) (Date) (Telephone Number)