

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90003 041 ***550.00

U11582

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 819098

1. Corporation Name
BEIERSDORF-JOBST, INC.



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

Mailing Address
**5825 CARNEGIE BLVD.
 CHARLOTTE NC 28209
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/18/1965

4. FEI Number
34-4468774

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. Yes No

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

City & State
23

Zip
24

Country
25

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D <input type="checkbox"/> DELETE
NAME	GORDON, RONALD
STREET ADDRESS	187 DANBURY ROAD
CITY-ST-ZIP	WILTON CT 06897
TITLE	D <input type="checkbox"/> DELETE
NAME	MEYER-BURGDORF, HANS
STREET ADDRESS	UNNASTRASSE 48
CITY-ST-ZIP	HAMBURG, GERMANY
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	GRAUMAN, ROBERT
STREET ADDRESS	4322 GOSFORD PLACE
CITY-ST-ZIP	CHARLOTTE NC
TITLE	V <input type="checkbox"/> DELETE
NAME	PEELER, DONALD H.
STREET ADDRESS	6801 LINKSIDE CT
CITY-ST-ZIP	CHARLOTTE NC
TITLE	S <input type="checkbox"/> DELETE
NAME	DETJEN, DAVID
STREET ADDRESS	90 PARK AVENUE
CITY-ST-ZIP	NEW YORK, NY 0
TITLE	V <input type="checkbox"/> DELETE
NAME	KILKKA, ALLAN
STREET ADDRESS	4226 SHEPHERDLEAS LANE
CITY-ST-ZIP	CHARLOTTE NC

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WIEGEL, CLAUS
3.3 STREET ADDRESS	5825 CARNEGIE BLVD
3.4 CITY-ST-ZIP	CHARLOTTE, NC 28209
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 Kilkka **FALLAN KILKKA**

8-6-99

704 554-9933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)