

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90213 009 ***150.00

DOCUMENT # 819098

1. Entity Name

BEIERSDORF-JOBST, INC.

Principal Place of Business

Mailing Address

5825 CARNEGIE BLVD.
 CHARLOTTE NC 28209
 US

5825 CARNEGIE BLVD.
 CHARLOTTE NC 28209-4633
 US

00017732



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

34-4468774

Applied For

Not Applied For

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	GORDON, RONALD	NAME	
STREET ADDRESS	187 DANBURY ROAD	STREET ADDRESS	
CITY-ST-ZIP	WILTON CT 06897	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	MEYER-BURGDORF, HANS	NAME	
STREET ADDRESS	UNNASTRASSE 48	STREET ADDRESS	
CITY-ST-ZIP	HAMBURG, GERMANY	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	WIEGEL, CLAUS	NAME	
STREET ADDRESS	5825 CARNEGIE BLVD	STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28209	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	PEELER, DONALD H.	NAME	
STREET ADDRESS	6801 LINKSIDE CT	STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	DETJEN, DAVID	NAME	
STREET ADDRESS	90 PARK AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 0	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	KILKKA, ALLAN	NAME	
STREET ADDRESS	4226 SHEPHERDLEAS LANE	STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	CITY-ST-ZIP	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Allan Kilkka

ALLAN KILKKA VP-FINANCE

1-25-00

704-551-7187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #