

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000658

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: KISTERS NORTH AMERICA, INC.

**Current Principal Place of Business:**

7777 GREENBACK LANE  
SUITE 209  
CITRUS HEIGHTS, CA

**New Principal Place of Business:**

**Current Mailing Address:**

7777 GREENBACK LANE  
SUITE 209  
CITRUS HEIGHTS, CA

**New Mailing Address:**

FEI Number: 20-1233047      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

PENSON, ALBERT C  
2810 REMINGTON GREEN CIRCLE  
TALLAHASSEE, FL 32308      US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KISTERS, KLAUS  
Address: CHARLOTTENBURGER ALEE5  
City-St-Zip: 52068 AACHEN, GERMANY,

Title: D ( ) Delete  
Name: KISTERS, HANNS  
Address: CHARLOTTENBURGER ALEE5  
City-St-Zip: 52068 AACHEN, GERMANY,

Title: ST ( ) Delete  
Name: MALINKY, STAN  
Address: 7777 GREENBACK LANE #209  
City-St-Zip: CITRUS HEIGHTS, CA

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STAN MALINKY

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

ST

04/03/2009

\_\_\_\_\_ Date