

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000001774

**Entity Name:** BAHMUELLER TECHNOLOGIES, INC.

**Current Principal Place of Business:**

10815 JOHN PRICE RD.  
SUITE A  
CHARLOTTE, NC 28273

**Current Mailing Address:**

10815 JOHN PRICE RD.  
SUITE A  
CHARLOTTE, NC 28273 US

**FEI Number: 56-2177049**

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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           TREASURER  
Name           LINK, JOACHIM  
Address        10815 JOHN PRICE RD.  
                  SUITE A  
City-State-Zip: CHARLOTTE NC 28273

Title           ASST. TREASURER  
Name           BOWEN, IRIS  
Address        10815 JOHN PRICE RD.  
                  SUITE A  
City-State-Zip: CHARLOTTE NC 28273

Title           SECRETARY  
Name           CRAM, TERRI  
Address        10815 JOHN PRICE RD.  
                  SUITE A  
City-State-Zip: CHARLOTTE NC 28273

Title           PRESIDENT  
Name           STAADT, GERD  
Address        10815 JOHN PRICE RD.  
                  SUITE A  
City-State-Zip: CHARLOTTE NC 28273

Title           VP  
Name           LAUTERBACH, BENJAMIN  
Address        10815 JOHN PRICE RD.  
                  SUITE A  
City-State-Zip: CHARLOTTE NC 28273

Title           DIRECTOR  
Name           STRAUS, MICHAEL  
Address        10815 JOHN PRICE RD.  
                  SUITE A  
City-State-Zip: CHARLOTTE NC 28273

*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: TERRI CRAM**

**SECRETARY**

**03/07/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date