

**2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000000603

**FILED**  
**Mar 13, 2018**  
**Secretary of State**  
**CC3179458287**

**Entity Name:** LAWO INC.

**Current Principal Place of Business:**

99 HUDSON STREET, 5TH FLOOR  
NEW YORK, NY 10013

**Current Mailing Address:**

99 HUDSON STREET, 5TH FLOOR  
NEW YORK, NY 10013

**FEI Number:** 80-0955732

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 CP  
Name LAWO, PHILIPP  
Address AM OBERWALD 8  
City-State-Zip: RASTATT 76437

Title DT  
Name NOWAK, CLAUDIA  
Address AM OBERWALD 8  
City-State-Zip: RASTATT 76437

Title DIRECTOR  
Name DUNN, JAMIE  
Address POSTSTR. 5  
City-State-Zip: WATT 8105

Title VP  
Name WHITMAN, MARK  
Address 99 HUDSON STREET, 5TH FLOOR  
City-State-Zip: NEW YORK NY 10013

Title S  
Name FERRING, VERONIQUE  
Address AM OBERWALD 8  
City-State-Zip: RASTATT 76437

Title AT  
Name SCHADE, KLAUS  
Address AM OBERWALD 8  
City-State-Zip: RASTATT 76437

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KLAUS SCHADE

**HEAD OF FINANCE**

**03/13/2018**

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

\_\_\_\_\_  
Date