May 07, 1999 8:00 am Secretary of State

05-07-1999 90153 016 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9800000300

1. Corporation Name

PROFUNDUS HOLDINGS, INC.

|                                     |                                                      |            |                                                    |           |               |                   | t tagging life (Bit) left; said agus agus agus agus agus agus agus                                                                                        |
|-------------------------------------|------------------------------------------------------|------------|----------------------------------------------------|-----------|---------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Principal Place of Business         |                                                      |            | Mailing Address                                    |           |               |                   |                                                                                                                                                           |
| ATTN: EDWARD TANENBAUM              |                                                      |            | ATTN: EDWARD TANENBAUM                             |           |               |                   |                                                                                                                                                           |
| 90 PARK AVENUE<br>NEW YORK NY 10016 |                                                      |            | 90 PARK AVENUE<br>NEW YORK NY 10016                |           |               |                   | DO NOT WRITE IN THIS SPACE                                                                                                                                |
| NEW TORK NT TOUTS                   |                                                      |            | NEW TORK WY TOOTO                                  |           |               |                   | 3. Date Incorporated or Qualifed                                                                                                                          |
|                                     |                                                      |            |                                                    |           |               |                   | 01/20/1998                                                                                                                                                |
| 2. Principal Place of Business      |                                                      |            | 2a. Mailing Address                                |           |               |                   | 4. FEI Number Applied For                                                                                                                                 |
| Z. Pillicipal P                     | ISCE OF DUSINESS                                     | 1          | . Walling Address                                  |           |               |                   | 13-3140621 Not Applicable                                                                                                                                 |
| Evito Apt # ota                     |                                                      |            | Suite, Apt. #, etc.                                |           |               |                   | \$8.75 Additional                                                                                                                                         |
| Suite, Apt. #, etc.                 |                                                      |            | <del></del> 1                                      |           |               |                   | 5. Certificate of Status Desired Fee Required                                                                                                             |
| City & State                        |                                                      |            | City & State                                       |           |               |                   |                                                                                                                                                           |
| <b>-</b>                            | e                                                    | 20         | Ony a blate                                        |           |               |                   | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees                                                                        |
| 23 Zin                              | Country                                              | 28         | Zip                                                | Col       | ıntry         |                   | 8. This corporation owes the current year Intangible                                                                                                      |
| Z <del>i</del> p                    | r '                                                  | -          | <b>Δ</b> ιμ                                        | 30        | .,,,,         |                   | Personal Property Tax.                                                                                                                                    |
| 24                                  | 9. Name and Address of Current                       | 29<br>Pogi | ctored Agent                                       | 30        | Т             |                   | 10. Name and Address of New Registered Agent                                                                                                              |
|                                     | 9. Name and Address of Current                       | IVEGI      | stered Agent                                       |           | 81            | Name              | 10. Traine and Addison Control Control                                                                                                                    |
| COR                                 |                                                      |            |                                                    |           |               |                   |                                                                                                                                                           |
| 1201 HAYS STREET                    |                                                      |            | •                                                  |           |               | Street            | Address (P.O. Box Number is Not Acceptable)                                                                                                               |
| TALLAHASSEE FL 32301-2525           |                                                      |            | ļ                                                  |           |               |                   |                                                                                                                                                           |
| ITALL                               | 34 1/10000 1 2 02001 2020                            |            |                                                    |           | 83            |                   |                                                                                                                                                           |
|                                     |                                                      |            |                                                    |           | 84            | City              | 85 Zip Code                                                                                                                                               |
|                                     |                                                      |            |                                                    |           |               |                   | FL                                                                                                                                                        |
| 11. Pursuant                        | to the provisions of Sections 607.0502               | and (      | 607.1508, Florida Statut<br>ida, Such change was a | es, the a | ibove<br>d hv | -named<br>the com | corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered |
| agent. I a                          | m familiar with, and accept the obligati             | ions o     | f, Section 607.0505, Flo                           | rida Stat | utes          |                   | 5,000,000,000,000,000,000,000,000,000,0                                                                                                                   |
| SIGNATURE                           |                                                      |            |                                                    |           |               |                   |                                                                                                                                                           |
| OICHT TOTAL                         | Signature, typed or printed name of registered agent |            |                                                    |           | l Agen        | t signature r     | required when reinstating) DATE                                                                                                                           |
| 12.                                 | OFFICERS AND                                         | DIR        |                                                    | 13.       |               |                   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                                                         |
| TITLE                               | PSTD                                                 |            | ☐ DELETE                                           | 1.1 Ti    | TLE           |                   | ☐ Change ☐ Addition                                                                                                                                       |
| NAME.                               | TANENBAUM, EDWARD                                    |            |                                                    | 1.2 N     | AME           |                   |                                                                                                                                                           |
| STREET ADDRESS                      | 90 PARK AVENUE                                       |            |                                                    | 1.3 S     | TREET         | ADDRESS           |                                                                                                                                                           |
| CITY-ST-ZIP                         | NEW YORK NY                                          |            |                                                    | 1.4 C     | TY-S          | - ZtP             |                                                                                                                                                           |
| TITLE                               | D                                                    |            | □ DELETE                                           | 2.1 TI    | TLE           |                   | Change Addition                                                                                                                                           |
| NAME                                | POHL, TIMOTHEUS                                      |            |                                                    | 2.2 N     | AME           |                   |                                                                                                                                                           |
| STREET ADDRESS                      | 90 PARK AVENUE                                       |            |                                                    | 2.3 \$    | TREET         | ADDRESS           |                                                                                                                                                           |
| CITY-ST-ZIP                         | NEW YORK NY                                          |            |                                                    | 2.40      | my-s          | T-ZIP             |                                                                                                                                                           |
| TITLE                               | CD                                                   |            | xx DELETE                                          | 3.1 ∏     | TLE           |                   | Change Addition                                                                                                                                           |
| NAME                                | JOHANN, HERIBERT                                     |            |                                                    | 3.2 N     | AME           |                   |                                                                                                                                                           |
| STREET ADDRESS                      | OO DADY AVENUE                                       |            |                                                    | 3.3 \$    | TREET         | ADDRESS           |                                                                                                                                                           |
| CITY-ST-ZIP                         | NEW YORK NY                                          |            |                                                    | -         | ITY-S         |                   |                                                                                                                                                           |
| TITLE                               | 11277 10111111                                       |            | ☐ DELETE                                           | 4.1 T     |               |                   | Change ** Addition                                                                                                                                        |
| NAME                                |                                                      |            |                                                    | 4.21      | IAME          | _                 |                                                                                                                                                           |
|                                     |                                                      |            |                                                    | 1         |               | [<br>ADDRESS      | trich von Baumbach                                                                                                                                        |
| STREET ADDRESS                      |                                                      |            |                                                    |           |               |                   | Belzerstrasse, 9, D55216 Ingelheim Am Rhei                                                                                                                |
| CITY-ST-ZIP                         |                                                      |            | ☐ DELETE                                           | 4.4 C     | ITY-SI        | 1-ZIP             | n Change XXAddition                                                                                                                                       |
| TITLE                               |                                                      |            |                                                    | 5.2 N     |               |                   |                                                                                                                                                           |
| NAME                                |                                                      |            |                                                    |           |               | ADDRESS           | Gerhard Huber                                                                                                                                             |
| STREET ADDRESS                      |                                                      |            |                                                    |           | ITY-S'        |                   | Goethestrasse 20, D55411 Bingen Am Rhein                                                                                                                  |
| CITY-ST-ZIP                         |                                                      |            | □ pr+c±f                                           | 5.4 C     |               | - 411             | Germany Change X*Addition                                                                                                                                 |
| TITLE                               | 1                                                    |            | ☐ DELETÉ                                           | 0.11      | ,             |                   | [Ŋ ☐ Change ♣️Addition ]                                                                                                                                  |

6.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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 anything 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 of the receiver or virustee 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 oh an address, with all other like empowered. SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Audley Farm P.O. Box 510, Route 7

Jens von Lepel

Daytime Phone #