

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthom
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 11 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03882 (8)

1. Corporation Name

DYWIDAG SYSTEMS INTERNATIONAL, USA, INC.

Principal Place of Business

**320 MARMON DRIVE
BOLINGBROOK IL 60440**

Mailing Address

**320 MARMON DRIVE
BOLINGBROOK IL 60440**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/30/1984

3a. Date of Last Report

02/04/1994

4. Fed Number

13-2635618

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BASS, MELTON L.
3624 BELLE VISTA DRIVE EAST
ST. PETERSBURG FL 33706**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **BROWNING, JOHN H.**
STREET ADDRESS **320 MARMON DRIVE**
CITY - ST - ZIP **BOLINGBROOK IL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **V**
NAME **BONOMO, RONALD J.**
STREET ADDRESS **320 MARMON DRIVE**
CITY - ST - ZIP **BOLINGBROOK IL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **ST**
NAME **BOWE, JOHN W.**
STREET ADDRESS **320 MARMON DRIVE**
CITY - ST - ZIP **BOLINGBROOK IL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **D**
NAME **ERDIN, PETER**
STREET ADDRESS **ERDINGER LANDSTR 1**
CITY - ST - ZIP **MUNICH, WEST GERMANY**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **Director**
4.3 STREET ADDRESS **Spuler, Nikolaus**
4.4 CITY - ST - ZIP **Erdinger Landstr. 1**

TITLE **D**
NAME **BIMESLEHNER, KLAUS**
STREET ADDRESS **ERDINGER LANDSTR 1**
CITY - ST - ZIP **MUNICH, WEST GERMANY**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **Director**
5.3 STREET ADDRESS **Mundorf, Hanns-Bert**
5.4 CITY - ST - ZIP **Erdinger Landstr. 1**

TITLE **D**
NAME **SPANNRING, DR. G.**
STREET ADDRESS **ERDINGER LANDSTR 1**
CITY - ST - ZIP **MUNICH, WEST GERMANY**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP **85609-Aschheim, Germany**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 12 or Block 13. If changed, or on an attachment with an address.

SIGNATURE:

John W. Bowe, Secretary/Treasurer

April 7, 1995

708-739-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Telephone Number