## 2001 UNIFORM BUSINESS, REPORT (UBR)

## Mar 02, 2001 8:00 am Secretary of State **DOCUMENT # P03882** DYWIDAG SYSTEMS INTERNATIONAL, USA, INC. 03-02-2001 90078 033 \*\*\*150.00 Principal Place of Business Mailing Address 320 MARMON DRIVE 320 MARMON DRIVE BOLINGBROOK IL 60440 BOLINGBROOK IL 60440 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 13-2635618 Not Applicable Zìp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 Zip Code 8. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F TITLE ☐ Change ☐ Addition CR2E034 (10/00 ☐ Delete ALLAN, ADAM S. NAME NAME 320 MARMON DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOLINGBROOK IL** TITLE Delete Change ☐ Addition TITLE BONOMO, RONALD J. NAME NAME 320 MARMON DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOLINGBROOK IL** Change Addition ☐ Delete TITLE TITLE KOLBECK, MAX NAME NAME STREET ADDRESS 320 MARMON DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOLINGBROOK IL** Delete Change ☐ Addition TITLE TITLE VAN LAMMEREN, ERIC NAME NAME STREET ADDRESS STREET ADDRESS **ERDINGER LANDSTR 1** CITY-ST-ZIP CITY~ST-ZiP ASCHHEIM, GERMANY GE ☐ Delete Change Addition TITLE TITLE MUNDORF, HANNS-BERT NAME NAME STREET ADDRESS STREET ADDRESS ERDINGER LANDSTR. 1 CITY-ST-ZIP CITY-ST-ZIP ASCHHEIM, GERMANY GE ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME FITZNER, WOLF E NAME STREET ADDRESS STREET ADDRESS **ERDINGER LANDSTR 1** CITY-ST-ZIP CITY-ST-ZIP ASCHHEIM, GERMANY

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.21.01 630-739-//00 Date Davime Phone #

FILED