FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 26 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P14085 (5)

1. Corporation Name
KLOCKNER NAMASCO CORPORATION

Principal Place of Business	Mailing Address
P.O. BOX 5116 TAMPA FL 33675-5116	P.O. BOX 5116 TAMPA FL 33675-5116

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/17/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) County (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) County (30)

4. FEI Number: 38-2046626 ☐ 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

9. Name and Address of Current Registered Agent

HOERSCHGENS, ARNO W.
907 S 20TH STREET
TAMPA FL 33605

10. Name and Address of New Registered Agent

(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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE	CD	☒ Change ☐ Addition
NAME	SEEGERS, KARL-HANS	1.2 NAME	Raimund Muesers	
STREET ADDRESS	%30360 EDISON DRIVE	1.3 STREET ADDRESS	666 Old Country Road	
CITY-ST-ZIP	ROSEVILLE MI	1.4 CITY-ST-ZIP	Garden City, NY 11530	
TITLE	V	2.1 TITLE	V	☒ Change ☐ Addition
NAME	KOOPMAN, UDO W.	2.2 NAME	Koopmann Udo W.	
STREET ADDRESS	30360 EDISON DRIVE	2.3 STREET ADDRESS	666 Old Country Road	
CITY-ST-ZIP	ROSEVILLE MI	2.4 CITY-ST-ZIP	Garden City, NY 11530	
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	FROENING, GUENTER	3.2 NAME	Agthe Klaus, Dr.	
STREET ADDRESS	%30360 EDISON DRIVE	3.3 STREET ADDRESS	666 Old Country Road	
CITY-ST-ZIP	ROSEVILLE MI	3.4 CITY-ST-ZIP	Garden City, NY 11530	
TITLE	VTS	4.1 TITLE	VTS	☒ Change ☐ Addition
NAME	BUDENBENDER, GEORGE	4.2 NAME	Budenbender Georg	
STREET ADDRESS	30360 EDISON DRIVE	4.3 STREET ADDRESS	666 Old Country Road	
CITY-ST-ZIP	ROSEVILLE MI	4.4 CITY-ST-ZIP	Garden City, NY 11530	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	HOECHST, PAUL O.	5.2 NAME	Reeves Bernie	
STREET ADDRESS	%30360 EDISON DRIVE	5.3 STREET ADDRESS	666 Old Country Road	
CITY-ST-ZIP	ROSEVILLE MI	5.4 CITY-ST-ZIP	Garden City, NY 11530	
TITLE	PD	6.1 TITLE	PD	☒ Change ☐ Addition
NAME	MUELLER, F.W.	6.2 NAME	Mueller Friedrich W.	
STREET ADDRESS	%30360 EDISON DRIVE	6.3 STREET ADDRESS	666 Old Country Road	
CITY-ST-ZIP	ROSEVILLE MI	6.4 CITY-ST-ZIP	Garden City, NY 11530	

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 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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: _____ Assist. Corporate Secretary 4-21-95 (813)247-4511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0304B CP