

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR -4 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P20616 (9)

1. Corporation Name

KAN AM US, INC.

Principal Place of Business

**1209 ORANGE STREET
WILMINGTON DE 19801**

Mailing Address

**1209 ORANGE STREET
WILMINGTON DE 19801**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/24/1988

3a. Date of Last Report

05/01/1994

4. FEI Number

58-1680741

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be**

Trust Fund Contribution

☐ **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

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PTD
BRAITHWAITE, JAMES C.
3495 PIEDMONT ROAD
ATLANTA GA**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VS
LINZMEYER, PETER C.
3000 K STREET
WASHINGTON DC**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**AS
WESTFAHL, SCOTT
3000 K STREET
WASHINGTON DC**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
PERFALL, FRANZ VON
WIDENMAYERSTRASSE 8
MUNICH GE**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
BOETTCHER, DIETRICH VON
WIDENMAYERSTRASSE 4/M
WEST GERMANY**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**ASV
HAMMOND, T. KENT
3495 PIEDMONT ROAD
ATLANTA GA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(b), 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 addendum with an addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. Kent Hammond

Date

Printing Name