2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P30268 1. Entity Name

07-27-2004 90037 045 ***550.00

FILED

Jul 27, 2004 8:00 am Secretary of State

MAN B&W DIESÊL, INC.

Principal Place of Business 17 STATE STREET NEW YORK, NY 10004

Mailing Address

17 STATE STREET NEW YORK, NY 10004 54065006



DO NOT WRITE IN THIS SPACE

07132004 No Chg-P

CR2E034 (10/03)

Applied For 4. FEI Number 13-3024617 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHULTE, HANS-JUERGEN, DR

STADBACH STRASSE 1,D8900

AUGSBÜRG, WEST GERMA,

GINGELL, LESLIE

NEW YORK, NY 10004

17 STATE ST

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

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,) 					
8. The above the obligation	named entity submits this statement for the ions of registered agent.	e purpose of changing its req	distered office or r	egistered agent, or bot	h, in the State of Florida. I	am familiar with, and accep
SIGNATURE						
	Signature, typed or printed name of registered agent and t	itle if applicable. (NOTE: Re	egistered Agent signature	e required when reinstating)	DA	TE 5
` .	E NOW!!! FEE IS \$550.00 ue by September 8, 2004	9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees		•
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 1 PAUL, KORGARRD 17 STATE STUART NEW YORK, NY 10004		,			
TITLE NAME Street address City-St-Zip	S THOMSEN, LARS K 17 STATE ST NEW YORK, NY		;	• *		
TITLE	D			,		

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND