

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/1

**FILED**  
**Aug 24, 2005 8:00 am**  
**Secretary of State**

08-01-2005 90023 006 \*\*\*150.00

<b>DOCUMENT # P30268</b> 1. Entity Name <b>MAN B&amp;W DIESEL, INC.</b>					
Principal Place of Business <b>17 STATE STREET NEW YORK NY 10004</b>			Mailing Address <b>17 STATE STREET NEW YORK NY 10004</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<p><b>bb040003</b></p> <p>1st MOORE      CR2E034 (10/04)</p>	
City & State		City & State			
Zip      Country		Zip      Country			
4. FEI Number <b>13-3024617</b>					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			<b>RECEIVED FORM 7/14/05</b>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PAUL, KORGARRD 17 STATE STUART NEW YORK NY 10004</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S THOMSEN, LARS K 17 STATE ST NEW YORK NY</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SCHULTE, HANS-JUERGEN, DR STADBACH STRASSE 1, D8900 AUGSBURG, WEST GERMA</b> <input checked="" type="checkbox"/> Delete <b>RETIRED</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS GINGELL, LESLIE 17 STATE ST NEW YORK NY 10004</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE: <u>Donald M. Carbone</u> - DONALD M. CARBONE</b> <b>7/21/05</b> <b>(212) 269-0980</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>7560-000</b>					

ATTACHMENT

060026354  
# P30268

MAN B&W Diesel, Inc.

17 State Street, New York, N.Y. 10004 • TEL 212-269-0980 • FAX 212-363-2469



August 18, 2005

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Ms. Hood:

I am in receipt of your notice of additional fees due and I have stated with our check in the amount of \$150.00 that I did not receive the notice of Annual Report until July 14, 2005.

Last year I also received the form late but I paid the full \$550.00. I don't feel I should be made to pay this amount again.

I hope you will understand my position for which I thank you in advance.

Very truly yours,

A handwritten signature in black ink, appearing to read "Donald M. Carbone". The signature is fluid and cursive, with a long horizontal stroke at the end.

DONALD M. CARBONE  
Financial Comptroller



ATTACHMENT

06020354

FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State

August 3, 2005

MAN B&W DIESEL, INC.  
17 STATE STREET  
NEW YORK, NY 10004

Subject: MAN B&W DIESEL, INC.

Reference Number:

P30268

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/SC

ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314