2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

DOCUMENT # P30268 Jan 18, 2000 8:00 am Secretary of State 1. Entity Name MAN B&W DIESEL, INC. 01-18-2000 90006 008 ***150.00 Principal Place of Business Mailing Address 17 STATE STREET 17 STATE STREET NEW YORK NY 10004-1501 NEW YORK NY 10004 VETTORN 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 13-3024617 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) → ** FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Change ☐ Addition TITLE PD Delete NAME NAME WINDELEV, CLAUS STREET ADDRESS STREET ADDRESS 17 STATE ST CITY-ST-ZIP CITY-ST-7IP **NEW YORK NY** ☐ Addition ☐ Change TITLE ☐ Delete NAME THOMSEN, LARS K STREET ADDRESS STREET ADDRESS 17 STATE ST CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** ☐ Change ─ ☐ Addition TITLE TITLE □ Delete NAME HOLMBLAD, LARS STREET ADDRESS STREET ADDRESS STAMHOLMEN 161, DK 2650 CITY-ST-ZIP CITY-ST-ZIP COPENHAGEN, DENMARK Addition ☐ Change TITLE TITLE ☐ Delete -NAME NAME schulte, Hans-Juergen,DR STREET ADDRESS STREET ADDRESS STADBACH STRASSE 1,08900 CITY-ST-ZIP CITY-ST-ZIP AUGSBURG, WEST GERMA Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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