

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90167 034 ***150.00

DOCUMENT # **P38061**

1. Entity Name
DEUTSCHE NICKEL AMERICA, INC.



Principal Place of Business
**279 JENCKES HILL RD
SMITHFIELD RI 02917
US**

Mailing Address
**279 JENCKES HILL RD
SMITHFIELD RE 02917
US**

62001004



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **05-0455152**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONNELLY, DAVID J
CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLATATION FL 33324**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILCOX, MILTON	
STREET ADDRESS	279 JENCKES HILL RD	
CITY-ST-ZIP	SMITHFIELD RI 02917	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIEBERT, JAN	
STREET ADDRESS	279 JENCKES HILL RD	
CITY-ST-ZIP	SMITHFIELD RI 02917	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNOP, WOLFGANG	
STREET ADDRESS	279 JENCKES HILL RD	
CITY-ST-ZIP	SMITHFIELD RI 02917	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STEELE, KEVIN J	
STREET ADDRESS	279 JENCKES HILL ROAD	
CITY-ST-ZIP	SMITHFIELD RI 02917	
TITLE	P	<input type="checkbox"/> Delete
NAME	PARTH, MARCUS	
STREET ADDRESS	279 JENCKES HILL ROAD	
CITY-ST-ZIP	SMITHFIELD RI 02917	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOLF, STEFAN	
STREET ADDRESS	279 JENCKES HILL RD	
CITY-ST-ZIP	SMITHFIELD RI 02917	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/03
Date

Daytime Phone #

CR2E034 (10/02)