

ANNUAL REPORT
1995

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P39970 (9)

1. Corporation Name
P.A.M. PRODUCT AUTOMATIZATION MACHINE CORPORATIO
N

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
MUEHLBAUER GMBH WERNER-VON-SIEMENS-STR. 3, 8495 RODING GERMANY	MUEHLBAUER GMBH WERNER-VON-SIEMENS-STR. 3, 8495 RODING GERMANY

3. Date Incorporated or Qualified	3a. Date of Last Report
08/10/1992	03/03/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 MUEHLBAUER, INC.	26 MUEHLBAUER, INC.	65-0350588	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 725 MIDDLE GROUND BOULEVARD	27 725 MIDDLE GROUND BOULEVARD	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 NEWPORT NEWS, VIRGINIA	28 NEWPORT NEWS, VIRGINIA	<input type="checkbox"/>	
Zip	Country	29 Zip	Country
24 23606	25 USA	30 23606	31 USA

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS 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 fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUEHLBAUER, JOSEF	1.2 NAME	JOSEF MUEHLBAUER
STREET ADDRESS	METTENBUCH 11, 84526	1.3 STREET ADDRESS	WERNER-VON-SIEMENS-STRASSE 3
CITY - ST - ZIP	METTEN, GERMANY	1.4 CITY - ST - ZIP	RODING-GERMANY-93426
TITLE	S	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMID, HELLMUTH W.	2.2 NAME	MUEHLBAUER, INC.
STREET ADDRESS	KAISERPLATZ 2	2.3 STREET ADDRESS	725 MIDDLE GROUND BOULEVARD
CITY - ST - ZIP	80803 MUENCHEN GE	2.4 CITY - ST - ZIP	NEWPORT NEWS-VA-23606 USA
TITLE		3.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	DONALD JOYCE
STREET ADDRESS		3.3 STREET ADDRESS	THE BURKE'S POND MILL
CITY - ST - ZIP		3.4 CITY - ST - ZIP	JAMES STORE-VA-23080 USA
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(3)(k), 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 as an attachment with a copy of the report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/30/95

Date

1-804-073-0424

Telephone Area Code