

Management Board Member _	of
Surname:	Name:
Address:	City:
Country:	_
E-Mail:	_
Phone:	Fax:
Favored Title:	
☐ Chairman	
□ President / CEO	
☐ Vice President	
☐ Treasurer	
□ Secretary	
I have been informed, that the particulars given above are going to be enregistered and published at the Department of State – Division of Corporation of the US State of Florida.	
Please send us a filled out signed copy for each member of the Board of Directors.	
Place, Datum	Signature

## Headquarter:

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