

SCC eFile

**2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

212518678

1.) CORPORATION NAME:

SCHEIDT & BACHMANN USA, INC.

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1473828**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	3,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 31 NORTH AVE

CITY/ST/ZIP: BURLINGTON, MA 01803

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: JOHN MACDONALD TITLE: PRESIDENT ADDRESS: 13 STALLBROOK ROAD CITY/ST/ZIP/CO: MEDWAY, MA 02053</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MARGARET PRUE TITLE: SECRETARY ADDRESS: 669 SOUTH MAIN ST CITY/ST/ZIP/CO: BRADFORD, MA 01835</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MATTHIAS AUGUSTYNIAK TITLE: DIRECTOR ADDRESS: 132 BREITE STRASSE CITY/ST/ZIP/CO: MONCHENGLADBACH, D-41238, DE</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MARTIN KAMMLER TITLE: DIRECTOR ADDRESS: 132 BREITE STRASSE CITY/ST/ZIP/CO: MONCHENGLADBACH, D-41238, DE</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: GERD STRAETENER TITLE: DIRECTOR ADDRESS: 132 BREITE STRASSE CITY/ST/ZIP/CO: MONCHENGLADBACH, D-41238, DE</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: THOMAS WUNK TITLE: VICE PRESIDENT ADDRESS: 23114 GREENWAY DRIVE CITY/ST/ZIP/CO: ELLICOTT CITY, MD 21042</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: JOHN MACDONALD TITLE: TREASURER ADDRESS: 13 STALLBROOK ROAD CITY/ST/ZIP/CO: MEDWAY, MA 02053	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: SIMON TALBOT TITLE: VICE PRESIDENT ADDRESS: 188 CRANBROOK ROAD CITY/ST/ZIP/CO: KITCHNER, ON N2P-2W4, CA	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: DR NORBERT MILLER TITLE: CHAIRMAN ADDRESS: 32 BREITE STRASSE CITY/ST/ZIP/CO: MUNCHENGALDBACH, D-41238, DE	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ MARGARET PRUE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARGARET PRUE, SECRETARY PRINTED NAME AND CORPORATE TITLE	5/18/2012 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		