

1.) CORPORATION NAME:

SCHEIDT & BACHMANN USA, INC.

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

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.

NAME: JOHN MACDONALD TITLE: PRESIDENT ADDRESS: 13 STALLBROOK ROAD CITY/ST/ZIP/CO: MEDWAY, MA 02053	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DAVID MACALAUY TITLE: VICE PRESIDENT ADDRESS: 107 RIDGE LANE APT 303 CITY/ST/ZIP/CO: WALTHAM, MA 02452	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SIMON TALBOT TITLE: VICE PRESIDENT ADDRESS: 188 CRANBROOK ROAD CITY/ST/ZIP/CO: , , FN	<input checked="" type="checkbox"/> OFFICER	<input 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: MARGARET PRUE TITLE: SECRETARY ADDRESS: 669 SOUTH MAIN ST CITY/ST/ZIP/CO: BRADFORD, MA 01835	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DR NORBERT MILLER TITLE: CHAIRMAN ADDRESS: 32 BREITE STRASSE CITY/ST/ZIP/CO: , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHIAS AUGUSTYNIAK DIRECTOR 132 BREITE STRASSE , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARTIN KAMMLER DIRECTOR 132 BREITE STRASSE , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GERD STRAETENER DIRECTOR 132 BREITE STRASSE , , FN	<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	6/25/2014 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.			