

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90074 032 \*\*\*150.00

DOCUMENT # **846370**

1. Corporation Name  
**KAMTECH, INC.**

Principal Place of Business

11 PEARL STREET  
GLENS FALLS NY 12801

Mailing Address

11 PEARL STREET  
GLENS FALLS NY 12801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/27/1980**

4. FEI Number

**14-1617596**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **10745 Westside Parkway**  
Suite, Apt. #, etc.

2a. Mailing Address

26 **10745 Westside Parkway**  
Suite, Apt. #, etc.

23 City & State

**Alpharetta, GA**

28 City & State

**Alpharetta, GA**

24 Zip

**30004**

Country

**USA**

29 Zip

**30004**

Country

**USA**

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VP** ☐ DELETE  
NAME **STINE, RICHARD A**  
STREET ADDRESS **1152 CORONATION DRIVE**  
CITY-ST-ZIP **DUNWOODY GA 30338**

TITLE **SEC** ☐ DELETE  
NAME **KELLY F MORGAN**  
STREET ADDRESS **19 HONEY HOLLOW RD**  
CITY-ST-ZIP **QUEENSBURY NY 30350**

TITLE **S** ☐ DELETE  
NAME **KELLY, MORGAN F.**  
STREET ADDRESS **19 HONEY HOLLOW ROAD**  
CITY-ST-ZIP **QUEENSBURY NY 12804**

TITLE **VP** ☐ DELETE  
NAME **DANIEL JERRY**  
STREET ADDRESS **4965 OAKMONT BEND DRIVE**  
CITY-ST-ZIP **ALPHARETTA GA 30004**

TITLE **P** ☐ DELETE  
NAME **NEAPOLE, ROBERT C**  
STREET ADDRESS **7880 FAWNDALE WAY**  
CITY-ST-ZIP **DUNWOODY GA 30350**

TITLE **VP** ☐ DELETE  
NAME **DANIEL, JERRY W**  
STREET ADDRESS **1 OAK VIEW DRIVE**  
CITY-ST-ZIP **FORT EDWARD NY 12828**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**"SEE ATTACHED"**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/24/99 770 640-1500**

CR2E034 (1/98)

232-948-90074-32  
846370

OFFICERS

CHAIRMAN OF THE BOARD

SOCIAL SECURITY #

Pekka Rahkila  
A. Ahlstrom Corporation  
Ahlstrom Machinery (Lassila)  
Sentnerikuja 2 (P.O. Box 5)  
SF-00441 Helsinki Finland

081-80-8795

PRESIDENT

Robert C. Neapole  
10745 Westside Parkway  
Alpharetta, GA 30004

082-72-5295

VICE-PRESIDENT

Dick A. Stine  
10745 Westside Parkway  
Alpharetta, GA 30004

163-30-1356

VICE-PRESIDENT

Robert W. Roy  
10745 Westside Parkway  
Alpharetta, GA 30004

004-50-1682

VICE-PRESIDENT

Christopher R. Keays  
10745 Westside Parkway  
Alpharetta, GA 30004

055-56-5221

VICE-PRESIDENT

Robert Fasciana  
10745 Westside Parkway  
Alpharetta, GA 30004

SECRETARY

Morgan Kelly  
101 Ridge Center  
Glens Falls, NY 12801

053-46-5169

ASST. SECRETARY

David T. Pluta  
101 Ridge Center  
Glens Falls, NY 12801

118-50-4527

232948-90074-32  
846370

**DIRECTORS**

	<b><u>SOCIAL SECURITY #</u></b>
Pekka Rahkila A. Ahlstrom Corporation Ahlstrom Machinery (Lassila) Sentnerikuja 2 (PO Box 5) SF-00441 Helsinki, Finland	081-80-8795
Rodger H. Barton 10745 Westside Parkway Alpharetta, GA 30004	264-23-7324
Robert J. Curry 101 Ridge Center Glens Falls, NY 12801	245-39-4564
Olavi Tervo 10745 Westside Parkway Alpharetta, GA 30004	539-92-0189