


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90139 009 ***150.00

DOCUMENT # F04000006288
 1. Entity Name
FLSMIDTH DORR-OLIVER EIMCO INC.



Principal Place of Business Mailing Address
2850 SOUTH DECKER LAKE DRIVE **2850 SOUTH DECKER LAKE DRIVE**
SALT LAKE CITY, UT 84119-2300 **SALT LAKE CITY, UT 84119-2300**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



05012008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
76-0717415 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State Zip Code FL

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS **11. (See Attached) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE: CPD NAME: VERREAULT, LAURENT <input checked="" type="checkbox"/> Delete STREET ADDRESS: 1300 SOUTH OCEAN BLVD., SUITE 704 CITY-ST-ZIP: POMPANO BEACH, FL 33062	TITLE: CPD NAME: Robles, George <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS: 3235 Schoenersville Road CITY-ST-ZIP: Bethlehem, PA 18017-2103
TITLE: VD <input checked="" type="checkbox"/> Delete NAME: VERREAULT, RICHARD STREET ADDRESS: 10 CORPORATE DRIVE, SUITE 203 CITY-ST-ZIP: BEDFORD, NJ 031105956	TITLE: VTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Mertz, John F. STREET ADDRESS: 3235 Schoenersville Road CITY-ST-ZIP: Bethlehem, PA 18017-2103
TITLE: VTSD <input checked="" type="checkbox"/> Delete NAME: BARBEAU, MARC STREET ADDRESS: 2001 MCGILL COLLEGE, BUREAU 2100 CITY-ST-ZIP: MONTREAL QC, CANADA, QC H3A 1G1	TITLE: VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Woodruff, David STREET ADDRESS: 11 Mitchell Court, Castlemound Way CITY-ST-ZIP: Rugby, Warwickshire UK CV210UY
TITLE: V <input checked="" type="checkbox"/> Delete NAME: COOMES, ROBERT E STREET ADDRESS: 2850 SOUTH DECKER LAKE DRIVE CITY-ST-ZIP: SALT LAKE CITY, UT 84119	TITLE: V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Flanagan, Peter J. STREET ADDRESS: 2850 South Decker Lake Drive CITY-ST-ZIP: Salt Lake City, UT 84119-2300
TITLE: AS <input checked="" type="checkbox"/> Delete NAME: KLEES, GWEN STREET ADDRESS: 2001 MCGILL COLLEGE, BUREAU 2100 CITY-ST-ZIP: MONTREAL, QC CANADA, QC H3A 1G1	TITLE: V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Day, Brian STREET ADDRESS: 2850 South Decker Lake Drive CITY-ST-ZIP: Salt Lake City, UT 84119-2300
TITLE: AT <input checked="" type="checkbox"/> Delete NAME: BABYAK, NICK STREET ADDRESS: 2850 SOUTH DECKER LAKE DRIVE CITY-ST-ZIP: SALT LAKE CITY, UT 841192300	TITLE: S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Harrington, Stephen M. STREET ADDRESS: 3235 Schoenersville Road CITY-ST-ZIP: Bethlehem, PA 18017-2103

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. B. Bennicoff, Asst. Secretary Date: 1 May 2008 610-264-6011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

ATTACHMENT

40093368

FLSmith Barr-Oliver Eimco Inc.
Document No. F0400006288

Supplement to 2008 For Profit Corporation Annual Report

Re: 11. Additions/Changes to Officers and Directors in 11

Title Name Street Address City-ST-Zip	AS Bennicoff, Mary Beth 3235 Schoenersville Road Bethlehem, PA 18017-2103	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition