

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005137

FILED
Apr 19, 2011
Secretary of State

Entity Name: KADANT INC.

Current Principal Place of Business:

ONE TECHNOLOGY PARK DRIVE
WESTFORD, MA 01886

New Principal Place of Business:

Current Mailing Address:

ONE TECHNOLOGY PARK DRIVE
WESTFORD, MA 01886

New Mailing Address:

FEI Number: 52-1762325 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: RAINVILLE, WILLIAM A
Address: ONE TECHNOLOGY PARK DRIVE
City-St-Zip: WESTFORD, MA 01886

Title: D
Name: LEONARD, THOMAS C
Address: ONE TECHNOLOGY PARK DRIVE
City-St-Zip: WESTFORD, MA 01886

Title: D
Name: ALBERTINE, JOHN M
Address: ONE TECHNOLOGY PARK DRIVE
City-St-Zip: WESTFORD, MA 01886

Title: VPS
Name: LAMBERT, SANDRA L
Address: ONE TECHNOLOGY PARK DRIVE
City-St-Zip: WESTFORD, MA 01886

Title: PD
Name: PAINTER, JONATHAN W
Address: ONE TECHNOLOGY PARK DRIVE
City-St-Zip: WESTFORD, MA 01886

Title: VPT
Name: O'BRIEN, THOMAS M
Address: ONE TECHNOLOGY PARK DRIVE
City-St-Zip: WESTFORD, MA 01886

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SANDRA L. LAMBERT

VPS

04/19/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date