

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90046 009 \*\*\*150.00

UNIFORM  
 AV

**DOCUMENT # F99000000709**  
 1. Entity Name  
**OUTOKUMPU TECHNOLOGY INC.**

Principal Place of Business      Mailing Address  
**1310-1 TRADEPORT DR.**      **1310-1 TRADEPORT DR.**  
**JACKSONVILLE FL 32218**      **JACKSONVILLE FL 32218**



2. Principal Place of Business      3. Mailing Address  
**6100 PHILLIPS HWY**      **6100 PHILLIPS HWY**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State      City & State      4. FEI Number      Applied For  
**JACKSONVILLE, FL**      **JACKSONVILLE, FL**      **52-1659765**       Not Applicable  
 Zip      Country      Zip      Country      5. Certificate of Status Desired      \$8.75 Additional Fee Required  
**32216**      **USA**      **32216**      **USA**           

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
**KNOLL, FRANK S**      Name **Bo R. ARVIDSON**  
**1310-1 TRADEPORT DR.**      Street Address (P.O. Box Number is Not Acceptable) **6100 PHILLIPS HWY**  
**JACKSONVILLE FL 32218**      City **JACKSONVILLE**      FL      Zip Code **32216**

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.  
 SIGNATURE **Bo R. Arvidson**      *Bo Arvidson*      DATE **1/29/02**  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)  
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>C</b><br><b>SULANTO, JUKKA</b><br><b>RIIHITONTUNTIE 7E</b><br><b>ESPOO FINLAND FIN 02201</b> <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>CHAIRMAN</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>HEIKKONEN, PEKKA</b><br><b>RIIHITONTUNTIE 7E</b><br><b>ESPOO FINLAND FIN_02201</b>                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>C</b><br><b>HYNYNEN, PEKKA</b><br><b>RIIHITONTUNTIE 7E</b><br><b>ESPOO FINLAND FIN 02201</b> <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>KOENIG, HANS JOCHEN</b><br><b>RIIHITONTUNTIE 7E</b><br><b>ESPOO FINLAND FIN-02201</b>              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>HEIKKI, KANDOLIN</b><br><b>RIIHITONTUNTIE 7E</b><br><b>ESPOO FINLAND FIN 02201</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>LAUKKANEN, KAUKKO</b><br><b>RIIHITONTUNTIE 7E</b><br><b>ESPOO FINLAND FIN-02201</b>                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>VAHTOLA, JUHANI</b><br><b>RIIHITONTUNTIE 7E</b><br><b>ESPOO FINLAND FIN 02201</b> <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>GREEN, DAVID</b><br><b>109 INVERNESS DR EAST, STE F</b><br><b>ENGLEWOOD, CO 80112</b>              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>GREEN, DAVID</b><br><b>109 INVERNESS DR. EAST, STE. F</b><br><b>ENGLEWOOD CO 80112</b> <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br><b>KNOLL, FRANK</b><br><b>1310-1 TRADEPORT DR.</b><br><b>JACKSONVILLE FL 32218</b> <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>SECRETARY/TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>MAXWELL, JANET</b><br><b>109 INVERNESS DR EAST, STE F</b><br><b>ENGLEWOOD, CO 80112</b> |

13. 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 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Janet Maxwell*      **2/19/02 904353 3081**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Day/Time Phone #

CR2E034 (9/01)