

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90260 001 ***150.00

0028512 AV

DOCUMENT # F99000000709

1. Entity Name
OUTOKUMPU TECHNOLOGY INC.



Principal Place of Business
**6100 PHILLIPS HWY
JACKSONVILLE FL 32216
US**

Mailing Address
**6100 PHILLIPS HWY
JACKSONVILLE FL 32216
US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **52-1659765** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ARVIDSON, BO R
6100 PHILLIPS HWY
JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIKKONEN, PEKKA	NAME	
STREET ADDRESS	RIIHITONTUNTIE 7E	STREET ADDRESS	
CITY-ST-ZIP	ESPOO FINLAND FIN 02201	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOENIG, HANS J	NAME	
STREET ADDRESS	RIIHITONTUNTIE 7E	STREET ADDRESS	
CITY-ST-ZIP	ESPOO FINLAND FIN 02201	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUKKANEN, KAUKKO	NAME	
STREET ADDRESS	RIIHITONTUNTIE 7E	STREET ADDRESS	
CITY-ST-ZIP	ESPOO FINLAND FIN 02201	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, DAVID	NAME	
STREET ADDRESS	109 INVERNESS DR., E. STE. F	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO 80112	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, DAVID	NAME	
STREET ADDRESS	109 INVERNESS DR. EAST, STE. F	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO 80112	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXWELL, JANET	NAME	
STREET ADDRESS	109 INVERNESS DR. EAST, STE. F	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO 80112	CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE: *Janet Maxwell* **3/28/03** **904 3533681**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)