

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 29, 2002 8:00 am
Secretary of State

07-29-2002 90005 028 ***150.00

DOCUMENT # F99000002385

1. Entity Name
F.L.SMIDTH INC.

Principal Place of Business
2040 AVE. C
BETHLEHEM PA 18017-2188

Mailing Address
2040 AVE. C
BETHLEHEM PA 18017-2188



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-0606560**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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 _____

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)

SEE ATTACHMENT
FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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	CB	<input type="checkbox"/> Delete
NAME	GAD, FRANK	
STREET ADDRESS	2040 AVE. C	
CITY-ST-ZIP	BETHLEHEM PA 18017-2188	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	JEPSEN, OVE L	
STREET ADDRESS	2040 AVE. C	
CITY-ST-ZIP	BETHLEHEM PA 18017-2188	
TITLE	C	<input type="checkbox"/> Delete
NAME	MCCANDLESS, RALPH J III	
STREET ADDRESS	2040 AVE. C	
CITY-ST-ZIP	BETHLEHEM PA 18017-2188	
TITLE	P	<input type="checkbox"/> Delete
NAME	JEPSEN, CHRISTIAN	
STREET ADDRESS	2040 AVE. C	
CITY-ST-ZIP	BETHLEHEM PA 18017-2188	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALOGNA, JOHN A	
STREET ADDRESS	2040 AVE. C	
CITY-ST-ZIP	BETHLEHEM PA 18017-2188	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHABIN, KEVIN	
STREET ADDRESS	2040 AVE. C	
CITY-ST-ZIP	BETHLEHEM PA 18017-2188	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (4/02)

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: *Ralph J McCandless* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/02

610 264 6489

Date

Daytime Phone #

F.L.Smidth Inc.

2040 Avenue C • Bethlehem, PA 18017-2188 • USA
Tel +1 610 264 6011 • Fax +1 610 264 6170
www.flsmidth.com

Attachment



July 18, 2002

Florida Department of State
Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32303-1500

Attention: Scott, Uniform Business Report Department
(850-488-9000)

Ref: Document # F99000002385

675823

Dear Sir:

Subject: F. L. Smidth Inc.
FEIN # 23-0606560
2040 Avenue C
Bethlehem, PA 18017-2188

Per our conversation of today and your instructions I am forwarding a check in the amount of \$150.00 for the 2002 Florida Uniform Business Report filing fee. The outside agent – C T Corporation System, 1200 South Pine Island Road, Plantation, FL 33324 has forwarded this form to our attention in the last week. Respectfully thank you for waving the filing penalty of \$400.00.

Should there be any questions regarding the above, please do not hesitate to contact me at (610) 264-6489.

Sincerely,

F.L.SMIDTH INC.

Frederick Nagy
Senior Tax Accountant

fjn

Enclosures:

CC: file