


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90059 017 \*\*\*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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 23-0606560	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE	CB	<input checked="" type="checkbox"/> Delete		TITLE	DIRECTOR, C B <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAD, FRANK			NAME	RASMUSSEN, JORGEN HUND
STREET ADDRESS	2040 AVE. C			STREET ADDRESS	2040 AVENUE C
CITY-ST-ZIP	BETHLEHEM, PA 180172188			CITY-ST-ZIP	BETHLEHEM, PA 18017-2188
TITLE	SVP	<input type="checkbox"/> Delete		TITLE	
NAME	JEPSEN, OVE L			NAME	
STREET ADDRESS	2040 AVE. C			STREET ADDRESS	
CITY-ST-ZIP	BETHLEHEM, PA 180172188			CITY-ST-ZIP	
TITLE	C	<input type="checkbox"/> Delete		TITLE	
NAME	MCCANDLESS, RALPH J III			NAME	
STREET ADDRESS	2040 AVE. C			STREET ADDRESS	
CITY-ST-ZIP	BETHLEHEM, PA 180172188			CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> Delete		TITLE	
NAME	JEPSEN, CHRISTIAN			NAME	
STREET ADDRESS	2040 AVE. C			STREET ADDRESS	
CITY-ST-ZIP	BETHLEHEM, PA 180172188			CITY-ST-ZIP	
TITLE	VCFS	<input type="checkbox"/> Delete		TITLE	
NAME	VANSYCKLE, TIMOTHY J			NAME	
STREET ADDRESS	2040 AVE. C			STREET ADDRESS	
CITY-ST-ZIP	BETHLEHEM, PA 180172188			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	
NAME	CHABIN, KEVIN			NAME	
STREET ADDRESS	2040 AVE. C			STREET ADDRESS	
CITY-ST-ZIP	BETHLEHEM, PA 180172188			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 like empowered.					
SIGNATURE: <u>Ralph J. McCandless III</u>				Date: <u>3/28/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: <u>610 264-6732</u>	
RALPH J. MCCANDLESS III CONTROLLER					