


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90023 042 ***150.00

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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
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DO NOT WRITE IN THIS SPACE

02132006 No Chg-P CR2E034 (11/05)

4. FEI Number
23-0606560

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CB RASMUSSEN, JORGEN HUNO 2040 AVE. C BETHLEHEM, PA 180172188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP JEPSEN, OVE L 2040 AVE. C BETHLEHEM, PA 180172188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MCCANDLESS, RALPH J III 2040 AVE. C BETHLEHEM, PA 180172188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JEPSEN, CHRISTIAN 2040 AVE. C BETHLEHEM, PA 180172188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFS VANSYCKLE, TIMOTHY J 2040 AVE. C BETHLEHEM, PA 180172188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHABIN, KEVIN 2040 AVE. C BETHLEHEM, PA 180172188

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Ralph J. McCandless III Date: 3/16/2006 Daytime Phone #: 610 264 6489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RALPH J. MCCANDLESS III, CONTROLLER