FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State
03-22-1999 90025 032 ***150.00

DOCUMENT # P27887

1. Corporation Name
WARTSILA NSD NORTH AMERICA, INC.

Principal Place of Business	Mailing Address
201 DEFENSE HWY.. STE 100 ANNAPOLIS MD 21401 US	201 DEFENSE HWY.. STE 100 ANNAPOLIS MD 21401 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 01/29/1990

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 72-0877275 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
	CARBONE, TOM	1.2 NAME	
	201 DEFENSE HWY., STE 100	1.3 STREET ADDRESS	
ST-ZIP	ANNAPOLIS MD 21401	1.4 CITY-ST-ZIP	
	V ☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
	SALPAKA, GLEN	2.2 NAME	
	2101 NW 79TH ST	2.3 STREET ADDRESS	2900 S.W. 42nd St.
ST ZIP	MIAMI FL 33122	2.4 CITY-ST-ZIP	Ft. Lauderdale/Hollywood FL 33312
	V ☐ DELETE	3.1 TITLE	VP ☑ Change ☐ Addition
	PAUKKU, MARKKU	3.2 NAME	William Malacrida
	201 DEFENSE HWY., STE 100	3.3 STREET ADDRESS	2900 S.W. 42nd St.
CITY-ST-ZIP	ANNAPOLIS MD 21401	3.4 CITY-ST-ZIP	Ft. Lauderdale/Hollywood, FL 33312
TITLE	S ☐ DELETE	4.1 TITLE	Secretary ☑ Change ☐ Addition
NAME	WEISSE, JOHN	4.2 NAME	Ralf Lindback
STREET ADDRESS	201 DEFENSE HWY., STE 100	4.3 STREET ADDRESS	201 Defense Highway, Ste 100
CITY-ST-ZIP	ANNAPOLIS MD 21401	4.4 CITY-ST-ZIP	Annapolis, MD. 21401
TITLE	TASS ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ROXBURY, OLINDA	5.2 NAME	
STREET ADDRESS	201 DEFENSE HWY., STE 100	5.3 STREET ADDRESS	
CITY-ST-ZIP	ANNAPOLIS MD 21401	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	C.E. STRAND	6.2 NAME	
STREET ADDRESS	201 DEFENSE HWY., STE 100	6.3 STREET ADDRESS	
CITY-ST-ZIP	ANNAPOLIS MD 21401	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Olinda A Roxbury SIGNATURE REQUIRED 3/5/99 410-573-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)