

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000003682

**Entity Name:** METSO OUTOTEC USA INC.

**Current Principal Place of Business:**

20965 CROSSROADS CIR  
WAUKESHA, WI 53186

**Current Mailing Address:**

20965 CROSSROADS CIR  
WAUKESHA, WI 53186 US

**FEI Number: 88-0298664**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           SIPILA, EEVA  
Address        TOOLONLAHDENKATU 2  
City-State-Zip: HELSINKI 00100

Title           DIRECTOR  
Name           KIVIRANTA, NINA  
Address        TOOLONLAHDENKATU 2  
City-State-Zip: HELSINKI 00100

Title           PRESIDENT & TREASURER  
Name           WISSING, ROBERT M  
Address        20965 CROSSROADS CIR  
City-State-Zip: WAUKESHA WI 53186

Title           DIRECTOR  
Name           WISSING, ROBERT  
Address        20965 CROSSROADS CIR  
City-State-Zip: WAUKESHA WI 53186

Title           S  
Name           SITTERLY, ELIZABETH  
Address        20965 CROSSROADS CIR  
City-State-Zip: WAUKESHA WI 53186

Title           AS  
Name           FELLOWS, ANN C.  
Address        20965 CROSSROADS CIRCLE  
City-State-Zip: WAUKESHA WI 53186

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBERT M WISSING**

**PRESIDENT**

**04/29/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date