

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 835316 (1)

1. Corporation Name
KONE WOOD INC.



Principal Place of Business
2175 PARKLAKE DR.
SUITE 250
ATLANTA GA 30345

Mailing Address
2175 PARKLAKE DR.
SUITE 250
ATLANTA GA 30345

2. Principal Place of Business	2a. Mailing Address
21 302 RESEARCH DR	26 302 RESEARCH DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 SUITE 300	27 SUITE 300
City & State	City & State
23 NORCROSS, GA	28 NORCROSS, GA
Zip	Zip
24 30092	29 30092
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified 11/03/1975	3a. Date of Last Report 05/01/1995
4. FEI Number 58-1143417	Applied For Not Applicable
5. Certificate 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 has liability for intangible tax under s. 193.632 Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

Signature typed for provisions of s. 607.1508, Florida Statutes, and filed as prescribed.

(NOTE: Registered Agent's signature required when re-registering.)

Date

12. OFFICERS AND DIRECTORS

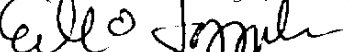
TITLE	S	DELETE ☒
NAME	CAWEN, KLAUS	
STREET ADDRESS	2175 PARKLAKE DR., #250	
CITY-ST-ZIP	ATLANTA GA	
TITLE	P	DELETE ☐
NAME	HANNINEN, M	
STREET ADDRESS	2175 PARK LANE DRIVE SUITE 250	
CITY-ST-ZIP	ATLANTA GA	
TITLE		DELETE ☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE ☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE ☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	Change ☐ Addition ☒
12 NAME	LEITNER, WOLFGANG	
13 STREET ADDRESS	STATTEGERSTRASSE A-8045	
14 CITY-ST-ZIP	GRAZ, AUSTRIA	
21 TITLE	P	Change ☒ Addition ☐
22 NAME	HANNINEN, M. MARKKU	
23 STREET ADDRESS	302 RESEARCH DR., SUITE 300	
24 CITY-ST-ZIP	NORCROSS, GA 30092	
31 TITLE	D	Change ☐ Addition ☒
32 NAME	REBERNIK, BERNARD	
33 STREET ADDRESS	STATTEGERSTRASSE A-8045	
34 CITY-ST-ZIP	GRAZ, AUSTRIA	
41 TITLE	S	Change ☐ Addition ☒
42 NAME	BUMSTED, DAVID	
43 STREET ADDRESS	SHERMAN STREET	
44 CITY-ST-ZIP	MUNCY, PA 17756	
51 TITLE	P	Change ☐ Addition ☒
52 NAME	SOPPELLA, ERKKI	
53 STREET ADDRESS	302 RESEARCH DR., SUITE 300	
54 CITY-ST-ZIP	NORCROSS, GA 30092	
61 TITLE		Change ☐ Addition ☐
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERKKI SOPPELLA

7/3/96

770-613-7000

CR2E034 (3/96)