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Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **835316** **(1)**

1. Corporation Name
KONE WOOD INC.

Principal Place of Business
302 RESEARCH DR
AUITE 300
NORCROSS GA 30092
US

Mailing Address
302 RESEARCH DR
SUITE 300
NORCROSS GA 30092-2902
US

3. Date Incorporated or Qualified: 11/03/1975
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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. 199.032, 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: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	S ☐ Change ☒ Addition
NAME	LEITNER, WOLFGANG	1.2 NAME	PEKKA IGNATIUS
STREET ADDRESS	STATTEGERSTRASSE A-8045	1.3 STREET ADDRESS	302 RESEARCH DR SUITE 300
CITY-ST-ZIP	GRAZ AU	1.4 CITY-ST-ZIP	NORCROSS GA 30092
TITLE	P ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HANNINEN, MARKKU	2.2 NAME	
STREET ADDRESS	302 RESEARCH DR SUITE 300	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA	2.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BUMSTED, DAVID	3.2 NAME	
STREET ADDRESS	SHERMAN STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MUNCY PA 17756	3.4 CITY-ST-ZIP	
TITLE	S ☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BUMSTED, DAVID	4.2 NAME	
STREET ADDRESS	SHERMAN STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MUNCY PA	4.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SOPPELA, ERKKI	5.2 NAME	
STREET ADDRESS	302 RESEARCH DR SUITE 300	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	D ☐ Change ☑ Addition
NAME		6.2 NAME	REBERNIK, BERNARD
STREET ADDRESS		6.3 STREET ADDRESS	STATTEGERSTRASSE A-8045
CITY-ST-ZIP		6.4 CITY-ST-ZIP	GRAZ AU

CR2E034 (9/96)

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.

SIGNATURE: PEKKA IGNATIUS 3/10/97 (770) 613 7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011250