

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

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 835316 (1)

1. Corporation Name
ANDRITZ KONE WOOD INC.

Principal Place of Business 302 RESEARCH DR SUITE 300 NORCROSS GA 30092 US	Mailing Address 302 RESEARCH DR SUITE 300 NORCROSS GA 30092 US
---	---



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
11/03/1975

4. FEI Number
58-1143417

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 owes or has paid the current year Intangible Personal Property Tax due June 30. 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

TITLE	D <input type="checkbox"/> DELETE
NAME	LEITNER, WOLFGANG
STREET ADDRESS	STATTEGERSTRASSE A-8045
CITY-ST-ZIP	GRAZ AU
TITLE	P <input type="checkbox"/> DELETE
NAME	HANNINEN, MARKKU
STREET ADDRESS	302 RESEARCH DR SUITE 300
CITY-ST-ZIP	NORCROSS GA
TITLE	S <input type="checkbox"/> DELETE
NAME	BUMSTED, DAVID
STREET ADDRESS	SHERMAN STREET
CITY-ST-ZIP	MUNCY PA 17756
TITLE	S <input type="checkbox"/> DELETE
NAME	IGNATIUS, PEKKA
STREET ADDRESS	302 RESEARCH DR., SUITE 300
CITY-ST-ZIP	NORCROSS GA
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	SOPPELA, ERKKI
STREET ADDRESS	302 RESEARCH DR SUITE 300
CITY-ST-ZIP	NORCROSS GA
TITLE	D <input type="checkbox"/> DELETE
NAME	REBERNIK, BERNARD
STREET ADDRESS	STATTEGERSTRASSE A-8045
CITY-ST-ZIP	GRAZ AU

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	T SCHWARZER, CHRIS
5.3 STREET ADDRESS	302 RESEARCH DR SUITE 300
5.4 CITY-ST-ZIP	NORCROSS, GA
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Chris Schwarzer* **CHRIS SCHWARZER** 3/13/98 770-613-7000

CR2E034 (10/97)