

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  
Apr 01, 1999 8:00 am  
Secretary of State

04-01-1999 90076 037 \*\*\*150.00

DOCUMENT # 835316

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

3. Date Incorporated or Qualified

11/03/1975

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

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 25

29 30

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 or printed name of registered agent and title if applicable.

(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 type="checkbox"/> DELETE
NAME	SCHWARZER, CHRIS	
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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE:

*Chris Schwarzer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99  
Date

770-613-7000  
Daytime Phone #

CR2E034 (1/98)