Fax Serverage 1 of 1

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number: I2000000195 : (850)521-1000 Phone Fax Number : (850)558-1515

**Enter the email address for this business entity to be used for " annual report mailings. Enter only one email address please.

Email Address:_

REGISTERED AGENT CHANGE ANDRITZ INC.

Certificate of Status Certified Copy Page Count 02 Estimated Charge \$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.050 nge is submitted for a corporation organ r to change its registered office or regist	nized under the laws of the State of $\underline{\mathbb{D}}$	elaware	
1. The name of t	he corporation: ANDRITZ INC.			
2. The principal	office address: 1115 Northmeadow P	kwy, Roswell, GA 30076		
3. The mailing a	ddress (if different): 1115 Northmeadd	own Pkwy, Roswell, GA 30076	·	
4. Date of incorp	poration/qualification: 07/11/1979	Document number: 843777		
	street address of the current registered a truent of State:	agent and registered office on file with	the	
	CT Corporation System		a 194	
	1200 S. Pine Island Road		PSC E	
	Plantation FL 33324		AHASSI	
6. The name and (if changed):	street address of the new registered age	nt (if changed) and /or registered offic		
	Corporation Service Company		्रान्	
	1201 Hays Street		TATE S	
	(P.O. Box NOT acceptable)	\$75	
	Tallahassee, FL 32301			
The street addre as changed will	ess of its registered office and the street be identical.	address of the business office of its	registered a	gent,
Such change was authorized by th	is authorized by resolution duly adopte the board, or the corporation has been no	d by its board of directors or by an obtified in writing of the change.	officer so	
Mauren	- Cithelf	Maureen Cathell, Vice Preside	ent	
٠, ٥	ne of an officer or director)	(Printed or typod name and lift	=	
I hereby accept I further agree to of my duties, an document is beil corporation has	the appointment as registered agent at to comply with the provisions of all sta d I am familiar with and accept the ob ng filed merely to reflect a change in th been notified in writing of this change	nd agree to act in this capacity. tutes relative to the proper and comp ligation of my position as registered he registered office address, I hereby t.	olete perform agent. Or, confirm tha	nance if this it the
By:	on Service Company	09/20/2011		
	nature of Registered Agent)	(Date)		
If signing on be	half of an entity:	,		
	et, Asst. Vice President			
(1)	yped or Printed Name)			
	* * * FILING F	EE: \$35.00 * * *		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)