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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90074 032 ***150.00



PROFIT CORPORATION
 ANNUAL REPORT
 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **846370**

1. Corporation Name
KAMTECH, INC.



Principal Place of Business	Mailing Address
11 PEARL STREET GLENS FALLS NY 12801	11 PEARL STREET GLENS FALLS NY 12801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/27/1980	4. FEI Number 14-1617596	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 10745 Westside Parkway Suite, Apt. #, etc.	26 10745 Westside Parkway Suite, Apt. #, etc.
22 City & State Alpharetta, GA	27 City & State Alpharetta, GA
23 Zip 30004 Country USA	28 Zip 30004 Country USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STINE, RICHARD A	1.2 NAME	
STREET ADDRESS	1152 CORONATION DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNWOODY GA 30338	1.4 CITY-ST-ZIP	
TITLE	SEC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY F MORGAN	2.2 NAME	
STREET ADDRESS	19 HONEY HOLLOW RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	QUEENSBURY NY 30350	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, MORGAN F.	3.2 NAME	
STREET ADDRESS	19 HONEY HOLLOW ROAD	3.3 STREET ADDRESS	"SEE ATTACHED"
CITY-ST-ZIP	QUEENSBURY NY 12804	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL JERRY	4.2 NAME	
STREET ADDRESS	4965 OAKMONT BEND DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA 30004	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEAPOLE, ROBERT C	5.2 NAME	
STREET ADDRESS	7880 FAWNDALE WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	DUNWOODY GA 30350	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL, JERRY W	6.2 NAME	
STREET ADDRESS	1 OAK VIEW DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT EDWARD NY 12828	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: *[Signature]* DATE: 1/24/99 DAYTIME PHONE #: 770 640-1500

CR2E034 (1/98)

232948-90074-32
846370

DIRECTORS

	<u>SOCIAL SECURITY #</u>
Pekka Rahkila A. Ahlstrom Corporation Ahlstrom Machinery (Lassila) Sentnerikuja 2 (PO Box 5) SF-00441 Helsinki, Finland	081-80-8795
Rodger H. Barton 10745 Westside Parkway Alpharetta, GA 30004	264-23-7324
Robert J. Curry 101 Ridge Center Glens Falls, NY 12801	245-39-4564
Olavi Tervo 10745 Westside Parkway Alpharetta, GA 30004	539-92-0189