2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000002693

1. Entity Name
WARTSILA NORTH AMERICA, INC.

Principal Place of Business	Mailing Address
16330 AIR CENTER BLVD HOUSTON, TX 77032	16330 AIR CENTER BLVD HOUSTON, TX 77032

01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2274798
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MALACRIDA, WILLIAM
STREET ADDRESS	16330 AIR CENTER BLVD
CITY-ST-ZIP	HOUSTON, TX 77032
TITLE	V
NAME	DONNELLY, FRANK
STREET ADDRESS	16330 AIR CENTER BLVD
CITY-ST-ZIP	HOUSTON, TX 77032
TITLE	S
NAME	WEISSE, JOHN
STREET ADDRESS	900 BESTGATE RD #400
CITY-ST-ZIP	ANNAPOLIS, MD 21401
TITLE	T
NAME	ROXBURY, OLINDA
STREET ADDRESS	16330 AIR CENTER BLVD
CITY-ST-ZIP	HOUSTON, TX 77032
TITLE	D
NAME	ILVONEN, PEKKA
STREET ADDRESS	JOHN STENBERGINRANTA 2 6TH FLOOR
CITY-ST-ZIP	HELSINKI, FI 65101
TITLE	D
NAME	BLOMBERG, TAGE
STREET ADDRESS	TARHAAJANTIE 2, P.O. BOX 252
CITY-ST-ZIP	VAASA,, FI 65101

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01/26/05-80005-017 158.75

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Olinda A Roxbury Olinda A Roxbury 1/20/2005 281-233-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #