

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000005025 (2)

1. Corporations Name

ANDRITZ SPROUT-BAUER, INC.



Principal Place of Business

SHERMAN ST.
MUNCY PA 17756

Mailing Address

SHERMAN ST.
MUNCY PA 17756

3. Date Incorporated or Qualified

11/05/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH 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

Signature of person providing information to register, to appoint and the registration fee.

Signature of Registered Agent (Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PLANT, JOHN M	
STREET ADDRESS	SHERMAN ST.	
CITY-STATE-ZIP	MUNCY PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TORZA, SERGIO	
STREET ADDRESS	SHERMAN ST.	
CITY-STATE-ZIP	MUNCY PA 17756	
TITLE	VTAS	<input type="checkbox"/> DELETE
NAME	LIBBEY, JOHN L	
STREET ADDRESS	SHERMAN ST.	
CITY-STATE-ZIP	MUNCY PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHMOLZER, GOTTFRIED	
STREET ADDRESS	SHERMAN ST.	
CITY-STATE-ZIP	MUNCY PA 17756	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BUMSTED, DAVID W	
STREET ADDRESS	SHERMAN ST.	
CITY-STATE-ZIP	MUNCY PA 17756	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TIMOTHY J. RYAN	
1.3 STREET ADDRESS	SHERMAN ST.	
1.4 CITY-STATE-ZIP	MUNCY, PA	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DOUGLAS A. WINNER	
6.3 STREET ADDRESS	SHERMAN ST.	
6.4 CITY-STATE-ZIP	MUNCY, PA	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Douglas A. Winner
Douglas A. Winner, Assistant Treasurer

4/19/96

CR2E034 (12/95)