


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F93000005025 (2) 1. Corporation Name ANDRITZ INC.					
Principal Place of Business SHERMAN ST. MUNCY PA 17756			Mailing Address SHERMAN ST. MUNCY PA 17756		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/05/1993 4. FEI Number 31-0210680 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH 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 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RYAN, TIMOTHY J.		1.2 NAME	WOLFGANG LEITNER	
STREET ADDRESS	SHERMAN STREET		1.3 STREET ADDRESS	STATTEGERSTRASSE 18	
CITY-ST-ZIP	MUNCY PA		1.4 CITY-ST-ZIP	A-8045 GRAZ AUSTRIA	
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TORZA, SERGIO		2.2 NAME	EWALD KRASSER	
STREET ADDRESS	SHERMAN ST.		2.3 STREET ADDRESS	STATTEGERSTRASSE 18	
CITY-ST-ZIP	MUNCY PA 17756		2.4 CITY-ST-ZIP	A-8045 GRAZ AUSTRIA	
TITLE	VTAS	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIBBEY, JOHN L		3.2 NAME		
STREET ADDRESS	SHERMAN ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MUNCY PA		3.4 CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMOLZER, GOTTFRIED		4.2 NAME		
STREET ADDRESS	SHERMAN ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MUNCY PA 17756		4.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUMSTED, DAVID W		5.2 NAME		
STREET ADDRESS	SHERMAN ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MUNCY PA 17756		5.4 CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINNER, DOUGLAS		6.2 NAME		
STREET ADDRESS	SHERMAN STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	MUNCY PA		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.					

SIGNATURE:

Douglas A. Winner

Douglas A. Winner

4/13/98

717/546-1551

CR2E034 (1097)