

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F93000005025

1. Corporation Name
ANDRITZ INC.

Principal Place of Business
**SHERMAN ST.
MUNCY PA 17756**

Mailing Address
**SHERMAN ST.
MUNCY PA 17756**

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90056 023 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1993

4. FEI Number

31-0210680

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ 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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	RYAN, TIMOTHY J.	
STREET ADDRESS	SHERMAN STREET	
CITY-ST-ZIP	MUNCY PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TORZA, SERGIO	
STREET ADDRESS	SHERMAN ST.	
CITY-ST-ZIP	MUNCY PA 17756	
TITLE	VTAS	<input type="checkbox"/> DELETE
NAME	LIBBEY, JOHN L	
STREET ADDRESS	SHERMAN ST.	
CITY-ST-ZIP	MUNCY PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEITNER, WOLFGANG	
STREET ADDRESS	STATTEGERSTRASSE 18	
CITY-ST-ZIP	A-8045 GRAZ AU	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BUMSTED, DAVID W	
STREET ADDRESS	SHERMAN ST.	
CITY-ST-ZIP	MUNCY PA 17756	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	WINNER, DOUGALS	
STREET ADDRESS	SHERMAN STREET	
CITY-ST-ZIP	MUNCY PA	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	Norcross, GA
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Winner, Douglas
6.3 STREET ADDRESS	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)