

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90003 003 ***550.00

0139828 SP

DOCUMENT # F93000005025

1. Entity Name
ANDRITZ INC.

Principal Place of Business
SHERMAN ST.
MUNCY PA 17756

Mailing Address
SHERMAN ST.
MUNCY PA 17756

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **31-0210680**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	VAS	<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	NOCROSS GA 17756	
TITLE	AT	<input type="checkbox"/> Delete
NAME	WINNER, DOUGLAS	
STREET ADDRESS	SHERMAN STREET	
CITY-ST-ZIP	MUNCY PA	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	302 Research Drive	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 8/22/01

Daytime Phone #

CR2E034 (5/01)