

Florida Dept of

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90202 016 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F94000006535 1. Entity Name AKER KVAERNER POWER, INC.				 Chartered No. _____ By _____ State of _____	
Principal Place of Business 3430 TORINGDON WAY CHARLOTTE, NC 28277		Mailing Address 3430 TORINGDON WAY CHARLOTTE, NC 28277		Processed Date <u>April 4/18/06</u> Date Paid 40063711 Check No. _____	
2. Principal Place of Business Suite, Apt. #, etc. _____		3. Mailing Address Suite, Apt. #, etc. _____		4112006 Chg-P CR2E034 (11/05)	
City & State _____		City & State _____		4. FEI Number 56-1859661	
Zip _____ Country _____		Zip _____ Country _____		5. Certificate of Status Desired <input type="checkbox"/> \$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				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LAMON, JAMES R 3430 TORINGDON WAY CHARLOTTE, NC 28277	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Lennart Ohlsson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCOB OHLSSON, LENNART HENNING VAG 8 427 50 BILLDAL,	<input checked="" type="checkbox"/> Delete OK	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KING, DAVID H 3430 TORINGDON WAY CHARLOTTE, NC 28277	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President David H. King 3430 Toringdon Way Charlotte, NC 28277	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS SCHRELL, KATHRYNE P 3430 TORINGDON WAY CHARLOTTE, NC 28277	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Kathryne P Schrell 3430 Toringdon Way Charlotte, NC 28277	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>David H. King</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/17/06</u> <small>Date Daytime Phone #</small>		