FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000000801 (9)**

1. Corporation Name

FMP-RAUMA COMPANY

Principal Place of Business	Mailing Address
1800 PARKWAY PL. SUITE 230 MARIETTA GA 30067	1800 PARKWAY PL. SUITE 230 MARIETTA GA 30067

3. Date Incorporated or Qualified: 02/17/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 104 Inverness Ctr Pl	26 104 Inverness Ctr Pl
22 Suite, Apt. #, etc. Suite 300	27 Suite, Apt. #, etc. Suite 300
23 City & State Birmingham Al	28 City & State Birmingham Al
24 Zip 35242 25 Country USA	29 Zip 35242 30 Country USA

4. FEI Number: 58-1713563 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ALBERTSON, GERRY L		1.2 NAME	
STREET ADDRESS	104 INVERNESS CENTER PL.		1.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35242		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LAHEY, JOHN I		2.2 NAME	
STREET ADDRESS	104 INVERNESS CENTER PL.		2.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35242		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MARCHANT, CHERRY L		3.2 NAME	
STREET ADDRESS	104 INVERNESS CENTER PL.		3.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35242		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	NOTHIUS, ELIZABETH		4.2 NAME	
STREET ADDRESS	1800 PARKWAY PL.		4.3 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA 30067		4.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	5.1 TITLE	Director ☐ Change ☒ Addition
NAME	FARNSTRAND, PER-AKE		5.2 NAME	Karl-Tore Bergvall
STREET ADDRESS	SUNDS DEFIBRATOR AB, S-851 94		5.3 STREET ADDRESS	Sunds Defibrator AB, S 851-94
CITY-ST-ZIP	SUNDSVALL, SWEDEN		5.4 CITY-ST-ZIP	Sundsvall Sweden
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	TOHKALA, ANTTI		6.2 NAME	
STREET ADDRESS	SUNDS DEFIBRATOR WOODHANDLING OY		6.3 STREET ADDRESS	
CITY-ST-ZIP	PORI, FINLAND		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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: _____ Cherry L. Marchant 2/10/96 205-995-0850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #