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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

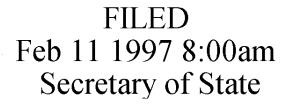
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9500000801 (9)

CUNDO DECIDATOR WOODLIANDI INC. INC.

SUNDS DEFIBRATOR WOODHANDLING, INC.							
Principal Place of Business	Mailing Address						





1800 PARKWAY SUITE 230 MARIETTA GA		1800 PARKWAY PL. SUITE 230 MARIETTA GA 30067-8272			3. Date incorporated or Qualified	3a. Date	of Last R	eport
					02/17/1995	03/04/1996		
2. Principal P	lace of Business	2a. Mailing Address		4.	4. FEI Number	X.X.) XU		plied For
21 104	Invenness Ctr	26 104 Inv	crness C	tu	58-1713563		No	t Applicable
Suite Apt. #, etc. Suite Apt. #, etc. Suite Apt. #, etc. Total State City & State Birming ham A 28 Birming ham			00 hom. A/		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
								0 May Be od to Fees
Zip	Country	Zip	Country	/	8. This corporation has liability for in			. 199.032,
²⁴ 352	42 25 Shelby		30 Shell	54		Yes 🔲		
	9. Name and Address of Culfent		81 N	ame	10. Name and Address of New Re	platered Ag	<u>∍nt</u>	
1201 SUIT	PRENTICE-HALL CORPORATION I HAYS ST. TE 105	SYSTEM, INC.			ess (P.O. Box Number is Not Acceptab	le)		·
IALL	LAHASSEE FL 32301				11.			
			84 C	ity	3 L ⁽¹⁾ 3 I	FL	85 Zip (Code
44 Diameter	to the provisions of Captors 607 0505	and 607 1609 Elorida Statuta	us, the above so	mad ac-	poration submits this statement for the p		anoine "	n ragiotarad
office or r	egistered agent, or both, in the States in familiar with, and accept the obligations.	of Florida. Such change was a	uthorized by the	corporat	ion's board of directors. I hereby accep	t the appoin	tment as	registered
SIGNATURE	Signature, typed or printed name of registered agen	r and tile if applicable (NOTE	Flegistered Agent s	mature requir	erf when reinstation)	DATE		
12,	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		RECTOR	RS IN 12
TOTLE	PD	☐ DELETE	1.1 TITLE				Change	Addition
NAME	ALBERTSON, GERRY L		1,2 NAME	1			. •	
STREET ADDRESS	104 INVERNESS CENTER PL.		1,3 STREET ADD	BE CC				
	BIRMINGHAM AL 35242		1.4 CITY+ST-ZII					
CATY-ST-ZIP TITLE	V	DELETE	2.1 TITLE				Change	Addition
NAME	•		2.2 NAME				, change	1100000
Į.	LAHEY, JOHN I							
STREET ADORESS	104 INVERNESS CENTER PL.		2.3 STREET ADD					
CITY - S1 - ZIP	BIRMINGHAM AL 35242	DELETE	2 4 CITY - ST - Zi	P			Change	Addition
TITLE	S CONTROLLED CONTROLLED	("") DEFEIG	3.1 TITLE		F *:	سا إداؤ	1 Auguste	Montoli
NAME	MARCHANT, CHERRY L		3.2 NAME					
STREET ADDRESS	104 INVERNESS CENTER PL.		3.3 STREET ADD					
CITY - ST - 7IP	BIRMINGHAM AL 35242		3.4. CITY-ST-Z	P			1 6:	1 2 3 100
TITLE	T	DELETE	4.1 TITLE			L] Change	Addition
NAME	NOTHIUS, ELIZABETH		4. 2 NAME					
STREET ADDRESS	1800 PARKWAY PL.		4.3 STREET ADD	ress				
City-S1-7/P	MARIETTA GA 30087		4.4 CITY - ST - ZI			····		
TITLE	D	DELETE	5.1 TITLE	D	recutor		Change	Addition
NAME	FARNSTRAND, PER-AKE		5.2 NAME	H	Annu HA KAMAKI			
STREET ADDRESS	SUNDS DEFIBRATOR AB, S-85	1 94	5.3 STREET ADD	RESS T	eollisuus KATU 1			
CITY- ST-ZIF	SUNDSVALL, SWEDEN		5.4 CITY-ST-ZI	。	=1N-28100 Por	Fir	LAA	7
THILE	D	DELETE	6.1 TITLE				Change	Addition
NAME	TOHKALA, ANTTI		6.2 NAME]				
STREET ADDRESS	SUNDS DEFIBRATOR WOODHA	WIDI INIC OV	6.3 STREET ADD	RESS				
City-\$1-ZIP	PORI, FINLAND	with this filing does not suglif	6.4 CITY-ST-Zi		t in Section 119 07(3)(i). Florida Statute:	a lifustbar as	netify that	the

I no nercoy certify that the information supplied with this filling 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 charged, or on an attachment with 19 andress.

SIGNATURE:

2/3/97 (205)995-0190