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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000000801 (9)

1. Corporation Name

SUNDS DEFIBRATOR WOODHANDLING, INC.

Principal Place of Business

1800 PARKWAY PL.
SUITE 230
MARIETTA GA 30067

Mailing Address

1800 PARKWAY PL.
SUITE 230
MARIETTA GA 30067-8272

2. Principal Place of Business

21 104 Inverness Ctr

Suite, Apt. #, etc.

22 Suite 300

City & State

23 Birmingham AL

Zip

24 35242

Country

25 Shelby

2a. Mailing Address

26 104 Inverness Ctr

Suite, Apt. #, etc.

27 Suite 300

City & State

28 Birmingham AL

Zip

29 35242

Country

30 Shelby

8. Name and Address of Current Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

02/17/1995

3a. Date of Last Report

03/04/1996

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 ☐

10. Name and Address of New Registered Agent

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
ALBERTSON, GERRY L
STREET ADDRESS 104 INVERNESS CENTER PL.
CITY - ST - ZIP BIRMINGHAM AL 35242

TITLE ☐ DELETE

NAME V
LAHEY, JOHN I
STREET ADDRESS 104 INVERNESS CENTER PL.
CITY - ST - ZIP BIRMINGHAM AL 35242

TITLE ☐ DELETE

NAME S
MARCHANT, CHERRY L
STREET ADDRESS 104 INVERNESS CENTER PL.
CITY - ST - ZIP BIRMINGHAM AL 35242

TITLE ☒ DELETE

NAME T
NOTHIUS, ELIZABETH
STREET ADDRESS 1800 PARKWAY PL.
CITY - ST - ZIP MARIETTA GA 30067

TITLE ☒ DELETE

NAME D
FARNSTRAND, PER-AKE
STREET ADDRESS SUNDS DEFIBRATOR AB, S-851 94
CITY - ST - ZIP SUNDSVALL, SWEDEN

TITLE ☐ DELETE

NAME D
TOHKALA, ANTTI
STREET ADDRESS SUNDS DEFIBRATOR WOODHANDLING OY
CITY - ST - ZIP PORI, FINLAND

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Director
Hannu Ha Kamäki
Teollisuuskatu 1
FIN-28100 Pori Finland

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/97 (205) 995-0190

CR2E034 (9/96)