

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90101 049 ***150.00

DOCUMENT # F98000000869

1. Corporation Name

AHLSTROM SERVICES INC.

Principal Place of Business

COGSWELL AVENUE INDUSTRIAL PARK
PELL CITY AL 35125-0767

Mailing Address

COGSWELL AVENUE INDUSTRIAL PARK
PELL CITY AL 35125-0767

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1998

4. FEI Number

14-1482232

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 10745 Westside Pkwy
Suite, Apt. #, etc.

26 10745 Westside Pkwy
Suite, Apt. #, etc.

22 City & State
23 Alpharetta GA
Zip 30004 Country USA

27 City & State
28 Alpharetta GA
Zip 30004 Country USA

24 30004 25 USA

29 30004 30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BILODEAU, VICTOR L	
STREET ADDRESS	16 COBBLESTONE SR., RD 1	
CITY-ST-ZIP	QUEENSBURY NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROODS, DANIEL	
STREET ADDRESS	71 EAGLE POINTE WAY	
CITY-ST-ZIP	PELL CITY AL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KELLY, MORGAN F	
STREET ADDRESS	19 HONEY HOLLOW ROAD	
CITY-ST-ZIP	QUEENSBURY NY	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	RONKKO, TUOMO	
STREET ADDRESS	A AHLSTROM CORP. SENTNERIKUJA 2 PO BOX 5	
CITY-ST-ZIP	SF-00441 HELSINKI FINLAND	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAHKILA, PEKKA	
STREET ADDRESS	A AHLSTROM CORP. SENTNERIKUJA 2 PO BOX 5	
CITY-ST-ZIP	SF-00441 HELSINKI FINLAND	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEAPOLE, ROBERT C	
STREET ADDRESS	7880 FOWNDAL WAY	
CITY-ST-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

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

Date

Daytime Phone #

CR2E034 (11/98)