

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000869

1. Entity Name

AHLSTROM SERVICES INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90115 008 ***150.00

Principal Place of Business

Mailing Address:

10745 WESTSIDE PKWY
ALPHARETTA GA 30004

10745 WESTSIDE PKWY
ALPHARETTA GA 30004-4733

2. Principal Place of Business

Same

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

14-1462232 06-1087
452

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME BILODEAU, VICTOR L
STREET ADDRESS 16 COBBLESTONE SR., RD 1
CITY-ST-ZIP QUEENSBURY NY

TITLE President ☐ Change ☒ Addition
NAME Robert O. Ward
STREET ADDRESS 10745 Westside Pkwy
CITY-ST-ZIP Alpharetta, GA 30004

TITLE V ☐ Delete
NAME ROODS, DANIEL
STREET ADDRESS 71 EAGLE POINTE WAY
CITY-ST-ZIP PELL CITY AL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Delete
NAME KELLY, MORGAN F
STREET ADDRESS 19 HONEY HOLLOW ROAD
CITY-ST-ZIP QUEENSBURY NY

TITLE Secretary ☐ Change ☒ Addition
NAME David T. Pluta
STREET ADDRESS 101 Ridge Center
CITY-ST-ZIP Glens Falls, NY 12801

TITLE CD ☐ Delete
NAME RONKKO, TUOMO
STREET ADDRESS A AHLSTROM CORP. SENTNERIKUJA 2 PO BOX 5
CITY-ST-ZIP SF-00441 HELSINKI FINLAND

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME RAHKILA, PEKKA
STREET ADDRESS A AHLSTROM CORP. SENTNERIKUJA 2 PO BOX 5
CITY-ST-ZIP SF-00441 HELSINKI FINLAND

TITLE Treasurer ☐ Change ☒ Addition
NAME Sherry A. Kennedy
STREET ADDRESS 10745 Westside Pkwy
CITY-ST-ZIP Alpharetta, GA 30004

TITLE D ☒ Delete
NAME NEAPOLE, ROBERT C
STREET ADDRESS 7880 FOWNDAL WAY
CITY-ST-ZIP ATLANTA GA

TITLE Director ☐ Change ☒ Addition
NAME Olavi Tervo
STREET ADDRESS 10745 Westside Pkwy.
CITY-ST-ZIP Alpharetta, GA 30004

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/2000

770-640-2500

CR2E034 (9/99)