

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Sep 22, 1999 8:00 am**  
**Secretary of State**

09-22-1999 90011 019 \*\*\*550.00

DOCUMENT # **F98000004780**

1. Corporation Name  
**KALMAR, INC.**



Principal Place of Business  
**21 ENGLEHARD DR.  
CRANBURY NJ 08512-9527**

Mailing Address  
**21 ENGLEHARD DR.  
CRANBURY NJ 08512-9527**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/21/1998**

4. FEI Number

**36-3944370**

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.



Yes ☒ No

9. Name and Address of Current Registered Agent

**CHIPY, GASTON  
777 BRICKELL AVE.  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

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

**777 Brickell Ave., Suite 1350**

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** ☐ DELETE  
NAME **LJUNG, BENGT**  
STREET ADDRESS **21 ENGLEHARD DR.**  
CITY-ST-ZIP **CRANBURY NJ 08512-9527**

TITLE **S** ☐ DELETE  
NAME **JOHNSON, MARK A**  
STREET ADDRESS **65 E. STATE STREET**  
CITY-ST-ZIP **COLUMBUS OH 43215-4620**

TITLE **D** ☐ DELETE  
NAME **TIRKKONEN, JORMA**  
STREET ADDRESS **415 E. DUNDEE STREET**  
CITY-ST-ZIP **OTTAWA KS 66067**

TITLE **D** ☐ DELETE  
NAME **SVANTESSON, JONAS**  
STREET ADDRESS **F-34181 LJUNGBY**  
CITY-ST-ZIP **SWEDEN**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

**President**

☒ Change ☐ Addition

1.2 NAME

**Jorma Tirkkonen**

1.3 STREET ADDRESS

**415 E Dundee Street**

1.4 CITY-ST-ZIP

**Ottawa, KS 66067**

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

**Director**

☒ Change ☐ Addition

4.2 NAME

**Raimo Ylivakeri**

4.3 STREET ADDRESS

**S-34181 Ljungby**

4.4 CITY-ST-ZIP

**Sweden**

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

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.

SIGNATURE:

**Mark Johnson, Secretary 609-860-0150**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0123076

CR2E034 (5/99)