2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F98000005667

Entity Name: KRUPP POLYSIUS CORP.

FILED Oct 09, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
180 INTERSTATE N. PKWY #300 ATLANTA, GA 30339					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
180 INTERSTATE N. PKWY #300 ATLANTA, GA 30339					
FEI Number: 58-2362089 FEI Number Applied For () FEI Number			FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	of New Registered Agent:	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US					
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: JAMES VOGELEY					
Electronic Signature of Registered Agent			t	Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	TERRY, MARK S	E N PKWY, # 300	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PAULSON, LAW	E NORTH PKWY, STE 300	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VOGELEY, JAMI	E NORTH PKWY #500	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	BAUER, JURGE	E NORTH PKWY #500	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	KUPPER, DETLE	E N PKWY, # 300	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AGINIAN, ROBE	E N PKWY, # 300	Title: Name: Address: City-St-Zip:	()Change ()Addition	
I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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					

SIGNATURE: JAMES VOGELEY T 10/09/2006

above, or on an attachment with an address, with all other like empowered.