

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90226 016 ***150.00

DOCUMENT # F98000005667
1. Entity Name Krupp Polysius Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 180 Interstate N. PKWY Suite, Apt. #, etc. STE #500	3. Mailing Address P.O. Box 5084 Suite, Apt. #, etc.
City & State Atlanta, GA	City & State Troy, MI
Zip 30339	Country USA
Zip 48007-5084	Country USA

DO NOT WRITE IN THIS SPACE

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4. FEI Number 58-2362089	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
Name Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays St.
City Tallahassee
FL
Zip Code 32301-2525

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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Daniel R. Fritz 180 Interstate North PKWY #500 Atlanta, GA 30339-2194	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Terry Myers 180 Interstate North PKWY #500 Atlanta, GA 30339-2194	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer James Vogeley 180 Interstate North PKWY #500 Atlanta, GA 30339-2194	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Jurgen Bauer 180 Interstate North PKWY #500 Atlanta, GA 30339-2194	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>James H Vogeley</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4/29/03 Daytime Phone # 770 980-5099