

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # M04000002206

1. Entity Name

SANDVIK SORTING SYSTEMS, LLC



Principal Place of Business

500 E BURNETT AVE
LOUISVILLE, KY 40217

Mailing Address

500 E BURNETT AVE
LOUISVILLE, KY 40217



04262006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

61-0517980

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|-----------------|---|
| TITLE | MGR |
| NAME | BARRY, THOMAS |
| STREET ADDRESS | 500 E BURNETT AVE |
| CITY - ST - ZIP | LOUISVILLE, KY 40217 |
| TITLE | MGR |
| NAME | ENGBLOM, MATS |
| STREET ADDRESS | S. 811 81 |
| CITY - ST - ZIP | SANDVIKEN, SWEDEN, |
| TITLE | MGR |
| NAME | NUZZACI, ED |
| STREET ADDRESS | 500 E BURNETT AVE |
| CITY - ST - ZIP | LOUISVILLE, KY 40217 |
| TITLE | MGR |
| NAME | OKADA, GORO |
| STREET ADDRESS | KIBC BLDG, S-5F, 5-5-2, MINATOJIMA-MINAMI |
| CITY - ST - ZIP | JPCHUO KU KOBE 6500047 JAPAN, |
| TITLE | MGR |
| NAME | MAZZONI, FABRIZIO |
| STREET ADDRESS | VIALE TICINO, 2 |
| CITY - ST - ZIP | IT21015LONATE POZZOLO VARESE, ITALY |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

U000000546438
05/11/06-80115-016 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE:

LARRY E. HUDSON
LARRY E. HUDSON

4/28/06

502-636-1414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #