

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED
Jun 25, 1999 8:00 am
Secretary of State

06-25-1999 90012 021 ***550.00

DOCUMENT # P18910

1. Corporation Name
VOITH HYDRO, INC.

Principal Place of Business

**VOITH HYDRO, INC
 EAST BERLIN ROAD
 YORK PA 17404
 US**

Mailing Address

**VOITH HYDRO, INC
 P O BOX 712
 YORK PA 17405-0712**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1988

4. FEI Number

23-2427730

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 Tax. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

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

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	D	<input type="checkbox"/> DELETE
NAME	KORMANN, HERMUT	
STREET ADDRESS	D 7920 HEIDEHEIM	
CITY-ST-ZIP	WEST GERMANY	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHIFFER, HANS-PETER	
STREET ADDRESS	D-7920 HEIDENEHIM	
CITY-ST-ZIP	WEST GERMANY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PFAFFLIN, GOETZ E.	
STREET ADDRESS	EAST BERLIN ROAD	
CITY-ST-ZIP	YORK PA 17404	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BRISTOW, DONALD A.	
STREET ADDRESS	EAST BERLIN ROAD	
CITY-ST-ZIP	YORK PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BOER, RALF R.	
STREET ADDRESS	777 E. WISCONSIN AVE	
CITY-ST-ZIP	MILWAUKEE WI 53202	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HEINE, WOLFGANG	
STREET ADDRESS	EAST BERLIN ROAD	
CITY-ST-ZIP	YORK PA 17404	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-15-99 717-792-7000
 Date Daytime Phone #