SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 13 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P19584** **(2)**

1. Corporation Name
VALMET AUTOMATION (USA), INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
SUITE 250 3100 MEDLOCK BRIDGE ROAD NORCROSS GA 30071-1465	SUITE 250 3100 MEDLOCK BRIDGE ROAD NORCROSS GA 30071-1465

3. Date Incorporated or Qualified: 06/09/1988
3a. Date of Last Report: 02/01/1994

2. [illegible]

	Principal Place of Business	Mailing Address
21	Valmet Automation (USA)	Valmet Automation (USA)
Suite, Apt. #, etc. 22 / 27	7604 Kempwood Dr.	7604 Kempwood Dr.
City & State 23 / 28	Houston, TX	Houston, TX
Zip 24 / 29	77055	77055
Country 25 / 30	USA	USA

4. FEI Number: 13-3189698 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	☐ Change ☐ Addition
NAME	TIRKONNEN, JORMA	1.2 NAME	
STREET ADDRESS	%3100 MEDLOCK BRIDGE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	TIRKONNEN, JORMA	2.2 NAME	
STREET ADDRESS	%3100 MEDLOCK BRIDGE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	WILLEMS, JORG	3.2 NAME	
STREET ADDRESS	3100 MEDLOCK BRIDGE RD	3.3. STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	PIETILA, HANNU	4.2 NAME	
STREET ADDRESS	3100 MEDLOCK BRIDGE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA	4.4 CITY-ST-ZIP	
TITLE	C	5.1 TITLE	☐ Change ☐ Addition
NAME	GRANSKOG, CHRISTER	5.2 NAME	
STREET ADDRESS	P.O. BOX 132 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	HELSINKI, FINLAND	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	CRUCE, KEVIN	6.2 NAME	
STREET ADDRESS	3100 MEDLOCK BRIDGE RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA	6.4 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0175187 FP