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Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P19584

(2)

1. Corporation Name

VALMET AUTOMATION (USA), INC.



Principal Place of Business

VALMET AUTOMATION
7604 KEMPWOOD DR
HOUSTON TX 77055
US

Mailing Address

VALMET AUTOMATION
7604 KEMPWOOD DR
HOUSTON TX 77055-1322
US

3. Date Incorporated or Qualified
06/08/1988

3a. Date of Last Report
04/11/1996

2. Principal Place of Business

21 7000 Hollister

Suite, Apt. #, etc.

22

City & State
Houston, TX

Zip
77040

Country
USA

2a. Mailing Address

26 7000 Hollister

Suite, Apt. #, etc.

27

City & State
Houston Texas

Zip
77040

Country
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

CT Corporation

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

1200 S. Pine Island Road

83

84 City

Plantation

FL

85 Zip Code

33324

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 of typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	KUISMA, ANTTI	
STREET ADDRESS	3100 MEDLOCK BRIDGE RD.	
CITY - ST - ZIP	NORCROSS GA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KOSKINEN, JARMO	
STREET ADDRESS	3100 MEDLOCK BRIDGE RD	
CITY - ST - ZIP	NORCROSS GA	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WORONUK, DENNIS	
STREET ADDRESS	7604 KEMPWOOD	
CITY - ST - ZIP	HOUSTON TX	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LONG, JEFF	
STREET ADDRESS	3100 MEDLOCK BRIDGE RD	
CITY - ST - ZIP	NORCROSS GA	
TITLE	COB	<input type="checkbox"/> DELETE
NAME	KANGUS, MARKKU	
STREET ADDRESS	P.O. BOX 132	
CITY - ST - ZIP	HELSINKI, FINLAND	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CRUCE, KEVIN	
STREET ADDRESS	7604 KEMPWOOD	
CITY - ST - ZIP	HOUSTON TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jardine, Dave
3.3 STREET ADDRESS	10333 South Port Road SW
3.4 CITY - ST - ZIP	Calgary, Alberta T2W 3K6
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	7000 Hollister
6.4 CITY - ST - ZIP	Houston, TX 77040

14. I do 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.

SIGNATURE:

Signature and typed or printed name of signing officer or director

KEVIN CRUCE 1/8/97 (713) 939-8779

Date

Daytime Phone #

CR2E034 (9/96)