


FILE NOW: FILING FEE AFTER MAY 1 IS \$550

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997 	FLORIDA DEPARTMENT OF STATE Sandra B. Mon Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P23360 (1) 1. Corporation Name ALBANY INTERNATIONAL CORP.	



Principal Place of Business
**1373 BROADWAY
 MERANDS NY 12204**

Mailing Address
**1373 BROADWAY
 MERANDS NY 12204-2626**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/10/1989	3a. Date of Last Report 04/22/1996
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 14-0462060	Applied For Not Applicable
25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

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

11. Name	12. Street Address (P.O. Box Number is Not Acceptable)	13. City	14. State FL	15. Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, I, the undersigned, being a duly authorized officer or director of the corporation, hereby certify that the foregoing is a true and correct statement of the information required by said sections, and I hereby accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P MCKONE, FRANCIS L. 1373 BROADWAY MENANDS NY	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V NAHL, MICHAEL C. 1373 BROADWAY MENANDS NY	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S BUCHANAN, CHARLES B. 1373 BROADWAY MENANDS NY	<input checked="" type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T DUFRESNE, RAYMOND D. 1373 BROADWAY MENANDS NY	<input checked="" type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DC STANDISH, J. SPENCER 1373 BROADWAY MENANDS NY	<input checked="" type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LANDGRAF, STANLEY I. P.O. BOX 1907 N/A ALBANY NY	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		Secretary Thomas Hagoot 1373 Broadway Menands NY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Treasurer Ervin D. Johnson 1373 Broadway Menands NY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Chairman of Board Francis L. McKone 1373 Broadway Menands NY 12204 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing does not qualify for 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, 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 add.

SIGNATURE: Ervin D. Johnson Ervin D. Johnson 4/21/97 (518) 445-2200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DATE Daytime Phone #

CR2E034 (9/96)