


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P23360 1. Entity Name ALBANY INTERNATIONAL CORP.	
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Principal Place of Business 1373 BROADWAY MENANDS, NY 12204	Mailing Address 1373 BROADWAY MENANDS, NY 12204
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 14-0462060	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
% 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000111729 04/13/04-80031-023 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR MCKONE, FRANCIS L. 1373 BROADWAY MENANDS, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NAHL, MICHAEL C. 1373 BROADWAY MENANDS, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAGOORT, THOMAS 1373 BROADWAY MENANDS, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MICHAELS, DAVID 1373 BROADWAY MENANDS, NY 12204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHMELER, FRANK R 1373 BROADWAY MENANDS, NY 12204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHANAN, CHARLES B. 1373 BROADWAY MENANDS, NY 12204

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David Michaels DAVID MICHAELS, VP TREASURY T-7-03 518-445-7317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR + TAX Date Daytime Phone