

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23534

Entity Name: FINNCHEM USA INC.

FILED  
Jan 18, 2006  
Secretary of State

## Current Principal Place of Business:

191 WATEREE STATION ROAD  
EASTOVER, SC 290440100 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 100  
EASTOVER, SC 290440100 US

## New Mailing Address:

FEI Number: 56-0852992

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: AIZCORBE, RAUL C  
Address: 58 OLDE SPRINGS RD  
City-St-Zip: COLUMBIA, SC

Title: VP ( ) Delete  
Name: WILSON, ROGER A  
Address: 315 IDLE LAKE CT  
City-St-Zip: SUMTER, SC 29150

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: MELARTI, HANNU  
Address: 245 TOWN PARK ROAD  
City-St-Zip: ATLANTA, GA 30144 US

Title: CHM (X) Change ( ) Addition  
Name: LINTHOLE, JUHANI  
Address: P.O. BOX 330  
City-St-Zip: HELSINKI, FN FI-00101 FN

Title: SEC ( ) Change (X) Addition  
Name: NOKKANEN, JUHA  
Address: PO BOX 330  
City-St-Zip: HELSINKI, FN FI-00101 FN

Title: DIR ( ) Change (X) Addition  
Name: LAURIKOKANEN, KARI  
Address: P.O. BOX 330  
City-St-Zip: HELSINKI, FN FI-00101 FN

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER A. WILSON

CFO

01/18/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date