

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90049 001 ***150.00

DOCUMENT # P23534

1. Entity Name
FINNCHEM USA INC.



Principal Place of Business
191 WATEREE STATION ROAD
EASTOVER, SC 29044-0100 US

Mailing Address
P.O. BOX 100
EASTOVER, SC 29044-0100 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03222007

Chg-P

CR2E034 (12/06)

4. FEI Number
56-0852992

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
MELARTI, HANNU
245 TOWN PARK ROAD
ATLANTA, GA 30144 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
MELARTI, HANNU
1950 VAUGHN ROAD
KENNESAW, GA 30144 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CHM
LINTHOLE, JUHANI
P.O. BOX 330
HELSINKI, FN FI-00101 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
MELARTI, HANNU
1950 VAUGHN ROAD
KENNESAW, GA 30144 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC
NOKKANEN, JUHA
PO BOX 330
HELSINKI, FN FI-00101 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
SCHRAMM, JEFF
1950 VAUGHN ROAD
KENNESAW, GA 30144 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIR
LAURIKOKANEN, KARI
P.O. BOX 330
HELSINKI, FN FI-00101 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
DEN BROK-PEREZ, CAROLINA
1950 VAUGHN ROAD
KENNESAW, GA 30144 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-07