

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996

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

DOCUMENT # P37662 (4)

1. Corporation Name

ALFA LAVAL SEPARATION INC.

Principal Place of Business

Mailing Address

955 MEARNS ROAD  
WARMINSTER, PA 18974  
US

c/o TETRA PAK INC.  
333 W. WACKER DR. #1500  
CHICAGO, IL 60606

3. Date Incorporated or Qualified

02/27/1992

3a. Date of Last Report

04/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

22-2932465

Applied For

Not Applicable

6. 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 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 807.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT / DIRECTOR ☐ DELETE  
NAME ARNEGREN, CLAES  
STREET ADDRESS 216 CARRIAGE WAY  
CITY-ST-ZIP PRINCETON, NJ

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VICE PRESIDENT ☐ DELETE  
NAME SVENSSON, URBAN  
STREET ADDRESS 955 MEARNS RD  
CITY-ST-ZIP WARMINSTER, PA

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VICE PRESIDENT ☐ DELETE  
NAME BROWN, DAVID  
STREET ADDRESS 923 COPPERBEACH LANE  
CITY-ST-ZIP RADNOR, PA

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VICE PRES/ TREASURER ☐ DELETE  
NAME MAHONEY, VINCE  
STREET ADDRESS 955 MEARNS RD  
CITY-ST-ZIP WARMINSTER, PA

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VICE PRES / DIRECTOR ☐ DELETE  
NAME JACKSON, QUINT  
STREET ADDRESS 230 BRAMPTON LANE  
CITY-ST-ZIP LAKE FOREST, IL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE DIRECTOR ☐ DELETE  
NAME DAHLQVIST, LARS  
STREET ADDRESS 955 MEARNS RD  
CITY-ST-ZIP WARMINSTER, PA

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 807, 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

4/27/96

(312) 553-9200

Date

Daytime Phone #

CR2E034 (12/95)