
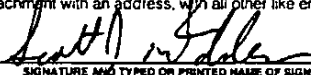


FILED
Jul 27, 2005 8:00 am
Secretary of State

03-02-2005 90095 008 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 843777			
1. Entity Name ANDRITZ INC.			
Principal Place of Business 10745 WESTSIDE PARKWAY ALPHARETTA, GA 30004		Mailing Address 35 SHERMAN ST. MUNCY, PA 17756 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNINEN, MARKKU	NAME	Hanninen, Markku
STREET ADDRESS	MELLSTENINTRE 13A	STREET ADDRESS	MTB Nina, Tammasaarekatu 1
CITY-ST-ZIP	ESPOO, FI fin 02170	CITY-ST-ZIP	00180 Helsinki, Finland
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERNIK, BARNHARD	NAME	Rebernik, Bernhard
STREET ADDRESS	STATTEGGER STRASSE 18	STREET ADDRESS	Stattegger Strasse 18
CITY-ST-ZIP	GRAZ, AUSTRIA, A-804	CITY-ST-ZIP	Graz, Austria A-8045
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TORZA, SERGIO	NAME	Ward, Robert O.
STREET ADDRESS	40 WISTWOOD DR.	STREET ADDRESS	10530 Centennial Drive
CITY-ST-ZIP	WINFIELD, PA 17889	CITY-ST-ZIP	Alpharetta GA 30022
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIBBEY, JOHN L	NAME	Libbey, John L.
STREET ADDRESS	3816 SNAKETOWN RD	STREET ADDRESS	3816 Smoketown Rd.
CITY-ST-ZIP	LEWISBURG, PA 17837	CITY-ST-ZIP	Lewisburg, PA 17837
TITLE	DP <input type="checkbox"/> Delete	TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMOTHY, RYAN J	NAME	Ryan, Timothy J.
STREET ADDRESS	210 LYNWOOD COURT	STREET ADDRESS	4005 Anson Avenue
CITY-ST-ZIP	ROSWELL, GA 30075	CITY-ST-ZIP	Alpharetta, GA 30022
TITLE	D <input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEITNER, WOLFGANG	NAME	Kraft, Michael
STREET ADDRESS	STATTEGGER STRASSE 18	STREET ADDRESS	71 Carriage Square
CITY-ST-ZIP	GRAZ, AUSTRIA, A-804S	CITY-ST-ZIP	Montoursville, PA 17754
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: 		SIGNATURE: Scott McFadden 2-18-05 670-546-1573	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		ASSISTANT TREASURER DATE Daytime Phone #	

66025106



02172005 Chg-P CR2E034 (10/03)

4. FEI Number **14-1438713** Applied For Not Applicable

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

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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

SIGNATURE:  **Scott McFadden** **2-18-05** **670-546-1573**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ASSISTANT TREASURER DATE Daytime Phone #

ATTACHMENT

12608726
#843777



Andritz Inc. Add'l
OFFICERS

<u>Title</u>	<u>Name</u>	<u>Home Address</u>
Vice President:	Jay Miele	10745 Westside Parkway Alpharetta, GA 30004
Vice President:	Clint Thompson	10745 Westside Parkway Alpharetta, GA 30004
Treasurer:	John E. Morphis	156 E. Sanford Street Glens Falls, NY 12801
Assistant Treasurer:	Raymond W. Roth	937 Campbell Street Williamsport, PA 17701
Assistant Treasurer:	Scott McFadden	353 Dunkard Church Road Cogan Station, PA 17728
Secretary:	David W. Bumsted	3065 Bent Creek Terrace Alpharetta, GA 30202
Assistant Secretary:	Deborah Zink	630 Grimes Bridge Landing Roswell, GA 30075

ANDRITZ INC.

10745 Westside Parkway
Alpharetta, GA 30004

ATTACHMENT

ANDRITZ

66025186

July 22, 2005

Divisions of Corporations
P.O.Box 6327
Tallahassee, FL 32314

Reference Number 843777

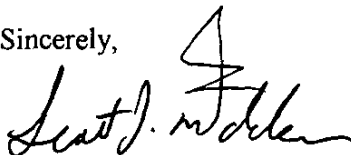
Dear Sir,

I apologize for the tardiness of this response, however, I am questioning the reason for rejecting our initial filing of the Annual Report for Andritz Inc. We filed the report in February 2005 and it was returned for not having an official officer of the company sign the filing. I signed the filing and, as indicated on the additional page of the return, am listed as an officer of Andritz Inc. I was added as an officer in late 2004. You may need to add me to your database.

I am returning the forms to you with the letter you attached. Please process the annual report to avoid any further issues. If you have any question please give me a call ay 570-546-1573.

Thank you for your assistance.

Sincerely,



Scott J. McFadden
Controller, Andritz Inc.

ANDRITZ INC.
35 Sherman Street
Muncy, PA 17756, USA

Tel: (570) 546-8211
Fax: (570) 546-1306