

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 843777

Entity Name: ANDRITZ INC.

FILED
Apr 18, 2008
Secretary of State

Current Principal Place of Business:

1115 NORTHMEADOW PKWY.
ROSWELL, GA 30076

New Principal Place of Business:

Current Mailing Address:

1115 NORTH MEADOW PKWY
ROSWELL, GA 30076 US

New Mailing Address:

FEI Number: 14-1438713 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: D () Delete
Name: HORNHOFER, KARL
Address: STATTEGGER STRASSE 18
City-St-Zip: GRAZ, AU A8045 AU

Title: D () Delete
Name: REBERNIK, BERNHARD
Address: STATTEGGER STRASSE 18
City-St-Zip: GRAZ, AU A8045 AU

Title: VP () Delete
Name: WARD, ROBERT O
Address: 10530 CENNTENNIAL DRIVE
City-St-Zip: ALPHARETTA, GA 30022 US

Title: VP () Delete
Name: KEAYS, CHRISTOPHER
Address: 1115 NORTHMEADOW PKWY.
City-St-Zip: ROSWELL, GA 30076 US

Title: DP () Delete
Name: TIMOTHY, RYAN J
Address: 1115 NORTHMEADOW PKWY.
City-St-Zip: ROSWELL, GA 30076 US

Title: D () Delete
Name: LEITNER, WOLFGANG
Address: STATTEGGER STRASSE 18
City-St-Zip: GRAZ, AU A8045 AU

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HUMBERT, KOEFLER
Address: EIBESBRUNNERGASSE 20
City-St-Zip: VIENNA, AU A1121 AU

Title: VP (X) Change () Addition
Name: WARD, ROBERT O
Address: 1115 NORTHMEADOW PARKWAY
City-St-Zip: ROSWELL, GA 30076 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DEBORAH B. ZINK

AS

04/18/2008

Electronic Signature of Signing Officer or Director

_____ Date