

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 843777

Entity Name: ANDRITZ INC.

Current Principal Place of Business:

1115 NORTHMEADOW PKWY.
ROSWELL, GA 30076

Current Mailing Address:

1115 NORTHMEADOW PKWY.
ROSWELL, GA 30076

FEI Number: 14-1438713

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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

Officer/Director Detail :

Title DIRECTOR
Name HORNHOFFER, KARL
Address STATTEGGER STRASSE 18
City-State-Zip: GRAZ STYRIA 8045

Title DIRECTOR
Name KOEFLER, HUMBERT
Address EIBESBRUNNERGASSE 20
City-State-Zip: VIENNA VIENNA 1120

Title SENIOR VICE PRESIDENT AND
GENERAL COUNSEL
Name BUMSTED, DAVID W
Address 1115 NORTHMEADOW PARKWAY
City-State-Zip: ROSWELL GA 30076

Title SECRETARY
Name ZINK, DEBORAH B
Address 1115 NORTHMEADOW PKWY.
City-State-Zip: ROSWELL GA 30076

Title PRESIDENT
Name RYAN, TIMOTHY J
Address 1115 NORTHMEADOW PKWY.
City-State-Zip: ROSWELL GA 30076

Title CHAIRMAN, BOARD OF DIRECTORS
Name LEITNER, WOLFGANG
Address STATTEGGER STRASSE 18
City-State-Zip: GRAZ STYRIA 8045

Title VP
Name KARKARE, MILIND
Address 125 CLAIREMONT AVENUE
SUITE 570
City-State-Zip: DECATUR GA 30030

Title VP
Name KEAYS, CHRISTOPHER
Address 1115 NORTHMEADOW PARKWAY
City-State-Zip: ROSWELL GA 30076

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I hereby 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 all other like empowered.

SIGNATURE: DEBORAH B ZINK

SECRETARY

06/10/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title VP
Name MIELE, JAY
Address 1115 NORTHMEADOW PKWY.
City-State-Zip: ROSWELL GA 30076

Title ASSISTANT TREASURER
Name MCFADDEN, SCOTT J
Address 336 WEST PENN STREET
City-State-Zip: MUNCY PA 17756

Title TREASURER
Name MORPHIS, JOHN E
Address ONE NAMIC PLACE
City-State-Zip: GLENS FALLS NY 12801

Title ASSISTANT SECRETARY
Name O'BRIEN, VERONICA C
Address 1115 NORTHMEADOW PKWY.
City-State-Zip: ROSWELL GA 30076