

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 843777

Entity Name: ANDRITZ INC.

Current Principal Place of Business:

5405 WINDWARD PARKWAY
SUITE 100W
ALPHARETTA, GA 30004

Current Mailing Address:

5405 WINDWARD PARKWAY
SUITE 100W
ALPHARETTA, GA 30004 US

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	SCHOENBECK, JOACHIM
Address	STATTEGGER STRASSE 18
City-State-Zip:	GRAZ STYRIA 8045
Title	SENIOR VICE PRESIDENT AND GROUP GENERAL COUNSEL
Name	BUMSTED, DAVID W
Address	5405 WINDWARD PARKWAY SUITE 100W
City-State-Zip:	ALPHARETTA GA 30004
Title	PRESIDENT, DIRECTOR
Name	RYAN, TIMOTHY J
Address	5405 WINDWARD PARKWAY SUITE 100W
City-State-Zip:	ALPHARETTA GA 30004
Title	VP
Name	KARKARE, MILIND
Address	125 CLAIREMONT AVENUE SUITE 570
City-State-Zip:	DECATUR GA 30030

Title	DIRECTOR
Name	KOEFLER, HUMBERT
Address	EIBESBRUNNERGASSE 20
City-State-Zip:	VIENNA VIENNA 1120
Title	SECRETARY
Name	ZINK, DEBORAH B
Address	5405 WINDWARD PARKWAY SUITE 100W
City-State-Zip:	ALPHARETTA GA 30004
Title	CHAIRMAN, BOARD OF DIRECTORS
Name	LEITNER, WOLFGANG
Address	STATTEGGER STRASSE 18
City-State-Zip:	GRAZ STYRIA 8045
Title	VP
Name	KEYS, CHRISTOPHER
Address	5405 WINDWARD PARKWAY SUITE 100W
City-State-Zip:	ALPHARETTA GA 30004

Continues on page 2

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

04/29/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title ASSISTANT SECRETARY
Name O'BRIEN, VERONICA C
Address 5405 WINDWARD PARKWAY
 SUITE 100W
City-State-Zip: ALPHARETTA GA 30004