

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Feb 03 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 843777 (4)

1. Corporation Name
AHLSTROM MACHINERY INC.



Principal Place of Business RIDGE CENTER GLENS FALLS NY 12804	Mailing Address RIDGE CENTER C/O LEGAL DEPT 101 RIDGE STREET GLENS FALLS NY 12801-3609 US
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3. Date Incorporated or Qualified 07/11/1979	3a. Date of Last Report 05/28/1996
4. FEI Number 14-1438713	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CD RONKKO, TUOMO	1.2 NAME	
STREET ADDRESS	SENTNERIKUJA 2 SF-00441	1.3 STREET ADDRESS	
CITY-ST-ZIP	HELSINKI, FINLAND	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD BILODEAU, VICTOR L	2.2 NAME	
STREET ADDRESS	16 COBBLESTONE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	QUEENSBURY NY 12804	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V GREENWOOD, BRIAN	3.2 NAME	
STREET ADDRESS	11 WOODCREST DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	QUEENSBURY NY 12804	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VS MORGAN, KELLY	4.2 NAME	
STREET ADDRESS	19 HONEY HOLLOW RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	QUEENSBURY NY 12804	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T PAWLICK, DAVID	5.2 NAME	
STREET ADDRESS	5 KEYSTONE COMMONS	5.3 STREET ADDRESS	
CITY-ST-ZIP	BALLSTON LAKE NY 12019	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CT MORPHIS, JOHN E	6.2 NAME	
STREET ADDRESS	156 E. SANFORD ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	GLENS FALLS NY 12801	6.4 CITY-ST-ZIP	

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Morgan F. Kelly* **MORGAN F. KELLY** 1/24/97 518 745-2771
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Month, Year

CR2E034 (9/96)