

**2018 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 DIRECTOR  
Name KOEFLER, HUMBERT  
Address EIBESBRUNNERGASSE 20  
City-State-Zip: VIENNA VIENNA 1120

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 SECRETARY  
Name ZINK, DEBORAH B  
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 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, FINANCE  
Name KEAYS, 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

04/25/2018

\_\_\_\_\_  
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, VP, LEGAL  
Name           O'BRIEN, VERONICA C  
Address        5405 WINDWARD PARKWAY  
                SUITE 100W  
City-State-Zip: ALPHARETTA GA 30004