

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 843777

FILED
Apr 22, 2019
Secretary of State
4878498484CC

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 COMPLIANCE OFFICER
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: PHILLIP B. KENNEDY

SECRETARY

04/22/2019

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

Title DIRECTOR
Name LAER, MARK VON
Address STATTEGER STRASSE 18
City-State-Zip: GRAZ 80450

Title SECRETARY
Name KENNEDY, PHILLIP B
Address 14101 CAPITAL BLVD
City-State-Zip: YOUNGSVILLE NC 27596