

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

**FILED**  
**Mar 03 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 843777 (4)**

1. Corporation Name  
**AHLSTROM MACHINERY INC.**



Principal Place of Business <b>RIDGE CENTER                  GLENS FALLS NY 12804</b>	Mailing Address <b>RIDGE CENTER C/O LEGAL DEPT                  101 RIDGE STREET                  GLENS FALLS NY 12801                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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3. Date Incorporated or Qualified <b>07/11/1979</b>	4. FEI Number <b>14-1438713</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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
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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>RONKKO, TUOMO</b>	
STREET ADDRESS	<b>SENTNERIKUJA 2 SF-00441</b>	
CITY-ST-ZIP	<b>HELSINKI, FINLAND</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BLODEAU, VICTOR L</b>	
STREET ADDRESS	<b>16 COBBLESTONE DRIVE</b>	
CITY-ST-ZIP	<b>QUEENSBURY NY 12804</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>GREENWOOD, BRIAN</b>	
STREET ADDRESS	<b>11 WOODCREST DRIVE</b>	
CITY-ST-ZIP	<b>QUEENSBURY NY 12804</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>MORGAN, KELLY</b>	
STREET ADDRESS	<b>10 HONEY HOLLOW RD</b>	
CITY-ST-ZIP	<b>QUEENSBURY NY 12804</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>PAWLICK, DAVID</b>	
STREET ADDRESS	<b>5 KEYSTONE COMMONS</b>	
CITY-ST-ZIP	<b>BALLSTON LAKE NY 12019</b>	
TITLE	<b>CT</b>	<input type="checkbox"/> DELETE
NAME	<b>MORPHIS, JOHN E</b>	
STREET ADDRESS	<b>156 E. SANFORD ST.</b>	
CITY-ST-ZIP	<b>GLENS FALLS NY 12801</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Director</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 Kelly* 3 25 98 514 793 511

CR2E034 (10/97)