

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 03, 1999 8:00 am**  
**Secretary of State**

08-03-1999 90001 042 \*\*\*550.00

0123510

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 843777

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, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/11/1979

4. FEI Number: 14-14387.13

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property:  Yes  No

2. Principal Place of Business (21-24): RIDGE CENTER, GLENS FALLS NY 12804

2a. Mailing Address (25-30): RIDGE CENTER C/O LEGAL DEPT, 101 RIDGE STREET, GLENS FALLS NY 12801, US

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 (81-85):

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

| 12. OFFICERS AND DIRECTORS             |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                    |
|--|--------------------|---|--------------------|
| TITLE: CD                              | RONKKO, TUOMO      | 1.1 TITLE:  |                    |
| NAME: SENTNERIKUJA 2 SF-00441          |                    | 1.2 NAME:   |                    |
| STREET ADDRESS: HELSINKI, FINLAND      |                    | 1.3 STREET ADDRESS:                                   |                    |
| CITY-ST-ZIP:                           |                    | 1.4 CITY-ST-ZIP:                                      |                    |
| TITLE: D                               | BILODEAU, VICTOR L | 2.1 TITLE:  | D                  |
| NAME: 16 COBBLESTONE DRIVE             |                    | 2.2 NAME:   | Neapole, Robert C. |
| STREET ADDRESS: QUEENSBURY NY 12804    |                    | 2.3 STREET ADDRESS:                                   | 7880 Fawndale Way  |
| CITY-ST-ZIP:                           |                    | 2.4 CITY-ST-ZIP:                                      | Atlanta, GA 30350  |
| TITLE: V                               | GREENWOOD, BRIAN   | 3.1 TITLE:  |                    |
| NAME: 11 WOODCREST DRIVE               |                    | 3.2 NAME:   |                    |
| STREET ADDRESS: QUEENSBURY NY 12804    |                    | 3.3 STREET ADDRESS:                                   |                    |
| CITY-ST-ZIP:                           |                    | 3.4 CITY-ST-ZIP:                                      |                    |
| TITLE: VS                              | MORGAN, KELLY      | 4.1 TITLE:  |                    |
| NAME: 19 HONEY HOLLOW RD               |                    | 4.2 NAME:   |                    |
| STREET ADDRESS: QUEENSBURY NY 12804    |                    | 4.3 STREET ADDRESS:                                   |                    |
| CITY-ST-ZIP:                           |                    | 4.4 CITY-ST-ZIP:                                      |                    |
| TITLE: T                               | PAWLICK, DAVID     | 5.1 TITLE:  |                    |
| NAME: 5 KEYSTONE COMMONS               |                    | 5.2 NAME:   |                    |
| STREET ADDRESS: BALLSTON LAKE NY 12019 |                    | 5.3 STREET ADDRESS:                                   |                    |
| CITY-ST-ZIP:                           |                    | 5.4 CITY-ST-ZIP:                                      |                    |
| TITLE: CT                              | MORPHIS, JOHN E    | 6.1 TITLE:  |                    |
| NAME: 156 E. SANFORD ST.               |                    | 6.2 NAME:   |                    |
| STREET ADDRESS: GLENS FALLS NY 12801   |                    | 6.3 STREET ADDRESS:                                   |                    |
| CITY-ST-ZIP:                           |                    | 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* DATE: July 20, 1999 (578) 793-5111

CR2E034 (5/99)