

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90167 024 ***150.00

DOCUMENT # 843777

1. Entity 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 12801-3613 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1438713	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	CD <input type="checkbox"/> Delete
NAME	RONKKO, TUOMO
STREET ADDRESS	SENTNERIKUJA 2 SF-00441
CITY-ST-ZIP	HELSINKI, FINLAND
TITLE	D <input type="checkbox"/> Delete
NAME	NEAPOLE, ROBERT C
STREET ADDRESS	7880 FAWNDALE WAY
CITY-ST-ZIP	ATLANTA GA 30350
TITLE	V <input type="checkbox"/> Delete
NAME	GREENWOOD, BRIAN
STREET ADDRESS	11 WOODCREST DRIVE
CITY-ST-ZIP	QUEENSBURY NY 12804
TITLE	VS <input checked="" type="checkbox"/> Delete
NAME	MORGAN, KELLY
STREET ADDRESS	19 HONEY HOLLOW RD
CITY-ST-ZIP	QUEENSBURY NY 12804
TITLE	T <input type="checkbox"/> Delete
NAME	PAWLICK, DAVID
STREET ADDRESS	5 KEYSTONE COMMONS
CITY-ST-ZIP	BALLSTON LAKE NY 12019
TITLE	CT <input type="checkbox"/> Delete
NAME	MORPHIS, JOHN E
STREET ADDRESS	156 E. SANFORD ST.
CITY-ST-ZIP	GLENS FALLS NY 12801

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S
STREET ADDRESS	David T. Pluta
CITY-ST-ZIP	47 Revere Road Queensbury, NY 12804
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: David T. Pluta 1/10/00 (518) 793-5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)