

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90065 032 ***150.00

DOCUMENT # F00000003158
 1. Entity Name

ALFA LAVAL INC. ✓
 Principal Place of Business Mailing Address
 9201 WILMOT ROAD 9201 WILMOT ROAD
 KENOSHA WI 53141-0840 KENOSHA, WI 53141-0840

00049319

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address P.O. BOX 840 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State KENOSHA, WI
 Zip Country 53141-0840 USA

4. FEI Number 13-1681631 Applied For Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SPITZER, KIRK E.	
STREET ADDRESS	9201 WILMOT ROAD	
CITY - ST - ZIP	KENOSHA, WI 53141-0840	
TITLE	V	<input type="checkbox"/> Delete
NAME	PRATT, STEPHEN D.	
STREET ADDRESS	9201 WILMOT ROAD	
CITY - ST - ZIP	KENOSHA, WI 53141-0840	
TITLE	S	<input type="checkbox"/> Delete
NAME	WENEGRAT, EILEEN M.	
STREET ADDRESS	50 CROSLY TERRACE	
CITY - ST - ZIP	HILLSDALE, NJ 07642	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHULTZ, DAVID R.	
STREET ADDRESS	9201 WILMOT ROAD	
CITY - ST - ZIP	KENOSHA, WI 53141-0840	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HARALDSSON, SIGGE	
STREET ADDRESS	RUDEBOKSVAGEN 3	
CITY - ST - ZIP	LUND, SWEDEN SE-221 00	
TITLE	D	<input type="checkbox"/> Delete
NAME	THURESSON, THOMAS	
STREET ADDRESS	RUDEBOKSVAGEN 3	
CITY - ST - ZIP	LUND, SWEDEN SE-221 00	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE: *Stephen D. Pratt* **STEPHEN D. PRATT, VP** *4/6/01* (262) 942-9315
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)