

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91237 044 ***150.00

DOCUMENT # **F00000003158**
1. Entity Name
Alfa Laval Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4405 Cox Road
Suite, Apt. #, etc.
Suite 140

3. Mailing Address
P.O. Box 7731
Suite, Apt. #, etc.

City & State
Glen Allen, VA

City & State
Richmond, VA

Zip
U.S.A.

Zip
23231

Country
U.S.A.

4. FEI Number
13-1681631

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

City
Plantation

State
FL

Zip Code
33324

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.

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

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/>	P/O SPITZER, KIRK E.	4405 COX ROAD	GLEN ALLEN, VA 23060				
<input checked="" type="checkbox"/>	V PRATT, STEPHEN D.	4405 COX ROAD	GLEN ALLEN, VA 23060				
<input checked="" type="checkbox"/>	S WENEGRAT, EILEEN M.	4405 COX ROAD	GLEN ALLEN, VA 23060				
<input checked="" type="checkbox"/>	T FISHER, JOSEPH C.	4405 COX ROAD	GLEN ALLEN, VA 23060				
<input checked="" type="checkbox"/>	C/D HARALDSSON, SIGGE	RUDEBOKSVAGEN 3	LUND, SWEDEN SE-221 00				
<input checked="" type="checkbox"/>	D THURESSON, THOMAS	RUDEBOKSVAGEN 3	LUND, SWEDEN SE-221 00				

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other duly empowered.

SIGNATURE: *Stephen D. Pratt* **Stephen D. Pratt, VP Finance** 4/22/02 (804) 545-8122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)