

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90156 011 \*\*\*150.00

NR92922  
AT

**DOCUMENT # F00000003158**

1. Entity Name  
**ALFA LAVAL INC.**



Principal Place of Business  
**4405 COX RD  
STE 140  
GLEN ALLEN VA**

Mailing Address  
**P.O. BOX 7731  
RICHMOND VA 23231**



2. Principal Place of Business  
**5400 INTERNATIONAL TRADE DR**

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**RICHMOND, VA**

City & State

4. FEI Number **13-1681631**

Applied For  
Not Applicable

Zip **23231** Country **USA**

Zip Country

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SPITZER, KIRK E <del>4405 COX RD GLEN ALLEN VA 23060</del></b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V PRATT, STEPHEN D <del>4450 COX RD GLEN ALLEN VA 23060</del></b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S WENEGRAT, EILEEN <del>4405 COX RD GLEN ALLEN VA 23060</del></b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SCHULTZ, DAVID R <del>4405 COX RD GLEN ALLEN VA 23060</del></b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD HARALDSSON, SIGGE RUDEBOKSVAGEN 3 LUND, SWEDEN SE-221 00</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D THURESSON, THOMAS RUDEBOKSVAGEN 3 LUND, SWEDEN SE-221 00</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5400 INTERNATIONAL TRADE DRIVE RICHMOND, VA 23231</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5400 INTERNATIONAL TRADE DRIVE RICHMOND, VA 23231</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5400 INTERNATIONAL TRADE DRIVE RICHMOND, VA 23231</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>T FISHER, JOSEPH C. 5400 INTERNATIONAL TRADE DRIVE RICHMOND VA 23231</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN D. PRATT **REQUIRED** **STEPHEN D. PRATT, VICE PRES.** **4/3/03** **(804) 545-822**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)