

2006 FOR PROFIT CORPORATION ANNUAL REPORT

04-27-2006 90167 009 ***150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04142006 Chg-P CR2E034 (11/05)

DOCUMENT # F0000003158 1. Entity Name ALFA LAVAL INC.					
Principal Place of Business 5400 INTERNATIONAL TRADE DR. RICHMOND, VA 23231			Mailing Address P.O. BOX 7731 RICHMOND, VA 23231		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when remaining)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPITZER, KIRK E 5400 INTERNATIONAL TRADE DR. RICHMOND, VA 23231	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALESSANDRO TERENGI Address Same	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRATT, STEPHEN D 5400 INTERNATIONAL TRADE DR. RICHMOND, VA 23231	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONNOLLY, WILLIAM J 5400 INTERNATIONAL TRADE DR. RICHMOND, VA 23231	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FISHER, JOSEPH C 5400 INTERNATIONAL TRADE DR. RICHMOND, VA 23231	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HARALDSSON, SIGGE RUDEBOKSVAGEN 3 LUND, SWEDEN SE-221 00.	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PETER LEIFLAND Address Same	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THURESSON, THOMAS RUDEBOKSVAGEN 3 LUND, SWEDEN SE-221 00.	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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: <i>Stephen D. Pratt</i>		STEPHEN D. PRATT, VICE PRES.		4/17/06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	