

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90231 041 ***158.75

DOCUMENT # F01000002693



1. Entity Name
WARTSILA NORTH AMERICA, INC.

Principal Place of Business
**201 DEFENSE HIGHWAY, SUITE 100
ANNAPOLIS MD 21401**

Mailing Address
**201 DEFENSE HIGHWAY, SUITE 100
ANNAPOLIS MD 21401**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-2274798**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

*Check was sent
without paperwork
1/31/2003 0116 980*

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CARBONE, THOMAS	
STREET ADDRESS	201 DEFENSE HIGHWAY, SUITE 100	
CITY-ST-ZIP	ANNAPOLIS MD 21401	
TITLE	V	<input type="checkbox"/> Delete
NAME	MALACRIDA, WILLIAM	
STREET ADDRESS	2900 S.W. 42ND STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LINDBACK, RALF	
STREET ADDRESS	201 DEFENSE HIGHWAY, SUITE 100	
CITY-ST-ZIP	ANNAPOLIS MD 21401	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROXBURY, OLINDA	
STREET ADDRESS	201 DEFENSE HIGHWAY, SUITE 100	
CITY-ST-ZIP	ANNAPOLIS MD 21401	
TITLE	D	<input type="checkbox"/> Delete
NAME	AHLAVIST, PEKKA	
STREET ADDRESS	JOHN STENBERGINRANTA 2 6TH FLOOR	
CITY-ST-ZIP	HELSINKI, FINLAND	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLOMBERG, TAGE	
STREET ADDRESS	TARHAAJANTIE 2, P.O. BOX 252	
CITY-ST-ZIP	VAAASA, FINLAND 65101	

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		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Secretary Weisse, John</i>	
STREET ADDRESS	<i>201 Defense Highway, Suite 100</i>	
CITY-ST-ZIP	<i>Annapolis, MD 21401</i>	
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		

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: *Olinda Roxbury*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/03

Date

410-573-2100

Daytime Phone #

CR2E034 (10/02)