


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000002693
 1. Entity Name
 WARTSILA NORTH AMERICA, INC.



Principal Place of Business: 16330 AIR CENTER BLVD HOUSTON, TX 77032
 Mailing Address: 16330 AIR CENTER BLVD HOUSTON, TX 77032

DO NOT WRITE IN THIS SPACE



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number: 52-2274798 Applied For: Not Applicable
 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

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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, 2005 Fee will be \$550.00

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	P MALACRIDA, WILLIAM 16330 AIR CENTER BLVD HOUSTON, TX 77032
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DONNELLY, FRANK 16330 AIR CENTER BLVD HOUSTON, TX 77032
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WEISSE, JOHN 900 BESTGATE RD #400 ANNAPOLIS, MD 21401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ROXBURY, OLINDA 16330 AIR CENTER BLVD HOUSTON, TX 77032
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ILVONEN, PEKKA JOHN STENBERGINRANTA 2 6TH FLOOR HELSINKI, FI 05101
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLOMBERG, TAGE TARHAAJANTIE 2, P.O. BOX 252 VAASA,, FI 65101

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 01/26/05-80005-017 158.75
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 A Roxbury Olinda A Roxbury 1/20/2005 281-293-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #