

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002693

FILED  
Jan 10, 2007  
Secretary of State

Entity Name: WARTSILA NORTH AMERICA, INC.

**Current Principal Place of Business:**

2900 S.W. 42ND STREDT  
HOLLYWOOD, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

16330 AIR CENTER BLVD  
HOUSTON, TX 77032

**New Mailing Address:**

FEI Number: 52-2274798      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MALACRIDA, WILLIAM  
Address: 16330 AIR CENTER BLVD  
City-St-Zip: HOUSTON, TX 77032 US

Title: V ( ) Delete  
Name: DONNELLY, FRANK  
Address: 16330 AIR CENTER BLVD  
City-St-Zip: HOUSTON, TX 77032 US

Title: S ( ) Delete  
Name: WEISSE, JOHN  
Address: 16330 AIR CENTER BLVD  
City-St-Zip: HOUSTON, TX 77032 US

Title: T ( ) Delete  
Name: ROXBURY, OLINDA A  
Address: 16330 AIR CENTER BLVD  
City-St-Zip: HOUSTON, TX 77032 US

Title: D ( ) Delete  
Name: ILVONEN, PEKKA  
Address: JOHN STENBERGINRANTA 2 6TH FLOOR  
City-St-Zip: HELSINKI, FI 05101 FI

Title: D ( ) Delete  
Name: BLOMBERG, TAGE  
Address: TARHAAJANTIE 2, P.O. BOX 252  
City-St-Zip: VAASA,, FI 05101 FI

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: DAN, KABEL  
Address: 16330 AIR CENTER BLVD  
City-St-Zip: HOUSTON, TX 77032 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OLINDA A ROXBURY

T

01/10/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date