


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90016 030 ***150.00

DOCUMENT # F0100002693

1. Entity Name
WARTSILA NORTH AMERICA, INC.



Principal Place of Business
**2900 S.W. 42ND STREED
 HOLLYWOOD, FL 33312**

Mailing Address
**16330 AIR CENTER BLVD
 HOUSTON, TX 77032**

2. Principal Place of Business - No P.O. Box #
 3. Mailing Address
16330 Air Center Blvd

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State
HOUSTON, TX

Zip Country
77032 US

01082008 Chg-P CR2E034 (12/06)

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**

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, 2008 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 DAN, KABEL 16330 AIR CENTER BLVD HOUSTON, TX 77032	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DONNELLY, FRANK 16330 AIR CENTER BLVD HOUSTON, TX 77032	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEISSE, JOHN 16330 AIR CENTER BLVD HOUSTON, TX 77032	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROXBURY, OLINDA A 16330 AIR CENTER BLVD HOUSTON, TX 77032	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ILVONEN, PEKKA JOHN STENBERGINRANTA 2 6TH FLOOR HELSINKI, FI 65101	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOMBERG, TAGE TARHAAJANTIE 2, P.O. BOX 252 VAASA, FI 65101	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Donnelly, Frank 16330 Air Center Blvd	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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 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: Olinda A Roxbury Olinda A Roxbury 1/11/2008 281-233-6200
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #