

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 22, 1999 8:00 am
Secretary of State

09-22-1999 90011 019 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F98000004780**

1. Corporation Name
KALMAR, INC.



Principal Place of Business
**21 ENGLEHARD DR.
 CRANBURY NJ 08512-9527**

Mailing Address
**21 ENGLEHARD DR.
 CRANBURY NJ 08512-9527**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/21/1998

4. FEI Number **36-3944370** Applied For Not Applicable

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

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

8. This corporation owes the current year Intangible Personal Property. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

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9. Name and Address of Current Registered Agent

**CHIPY, GASTON
 777 BRICKELL AVE.
 MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
777 Brickell Ave., Suite 1350

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LJUNG, BENGT	
STREET ADDRESS	21 ENGLEHARD DR.	
CITY-ST-ZIP	CRANBURY NJ 08512-9527	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JOHNSON, MARK A	
STREET ADDRESS	65 E. STATE STREET	
CITY-ST-ZIP	COLUMBUS OH 43215-4620	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TIRKKONEN, JORMA	
STREET ADDRESS	415 E. DUNDEE STREET	
CITY-ST-ZIP	OTTAWA KS 66067	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SVANTESSON, JONAS	
STREET ADDRESS	F-34181 LJUNGBY	
CITY-ST-ZIP	SWEDEN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jorma Tirkkonen	
1.3 STREET ADDRESS	415 E Dundee Street	
1.4 CITY-ST-ZIP	Ottawa, KS 66067	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Raimo Ylivakeri	
4.3 STREET ADDRESS	S-34181 Ljungby	
4.4 CITY-ST-ZIP	Sweden	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mark Johnson SIGNATURE REQUIRED **Mark Johnson, Secretary 609-860-0150**

CR2E034 (5/99)