

FILED  
Jun 27, 2001 8:00 am  
Secretary of State

05-22-2001 90023 033 \*\*\*150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004780			
1. Entity Name KALMAR, INC			
Principal Place of Business 21 Engelhard Drive Monroe Twp, NJ 08831		Mailing Address Same	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 36-3944370		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent Gaston Chipy 777 Brickell Avenue Suite 1350 Miami, FL 33131		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jorma Tirkkonen, Pres. <input type="checkbox"/> Delete 115 E Dundee Street Ottawa, KS 66067	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tom Leitnaker, Secy. <input type="checkbox"/> Delete 115 E Dundee Street Ottawa, KS 66067	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Raimo Viivakeri, Dir. <input type="checkbox"/> Delete Tampere Finland	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lentokonetehdantaantie-10 Tampere, Finland
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Roger Jehander, Dir. <input type="checkbox"/> Delete Ljungby Sweden	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Långgatan 24 Ljungby, Sweden
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jorma Tirkkonen, Dir. <input type="checkbox"/> Delete 115 E Dundee Street Ottawa, KS 66067	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Jorma Tirkkonen</i> Jorma Tirkkonen		4-30-01 609.860.0150	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (11/00)