

1.) CORPORATION NAME:

**FLSmidth Inc.**

DUE DATE: **2/29/2012**

SCC ID NO: **F1205055**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2040 AVENUE C

CITY/ST/ZIP: BETHLEHEM, PA 18017-2188

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: C JEPSEN  
TITLE: PRES/CEO  
ADDRESS: 2040 AVE C  
CITY/ST/ZIP/CO: BETHLEHEM, PA 18017-2188

OFFICER

DIRECTOR

NAME: KEVIN J CHABIN  
TITLE: TREASURER  
ADDRESS: 2040 AVE C  
CITY/ST/ZIP/CO: BETHLEHEM, PA 18017-2188

OFFICER

DIRECTOR

NAME: JORGEN HUNO RASMUSSEN  
TITLE: COB  
ADDRESS: VIGERSLEV ALLE 77  
CITY/ST/ZIP/CO: , - ,

OFFICER

DIRECTOR

NAME: RALPH J MCCANDLESS III  
TITLE: CONTROLLER  
ADDRESS: 2040 AVENUE C  
CITY/ST/ZIP/CO: BETHLEHEM, PA 18017-2188

OFFICER

DIRECTOR

NAME: POUL ERIK TOFTE  
TITLE: DIRECTOR  
ADDRESS: VIGERSLEV ALLE 77  
CITY/ST/ZIP/CO: COPENHAGEN, - , DENMARK

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN FRANCIS MERTZ VICE PRESIDENT 2040 AVENUE C BETHLEHEM, PA 18017-2188	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE ROBLES VICE PRESIDENT C/O 2040 AVENUE C BETHLEHEM, PA 18017-2188	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM JOSEPH O'SHEA VICE PRESIDENT 2040 AVENUE C BETHLEHEM, PA 18017-2188	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT ASHLEY BAKER VICE PRESIDENT 2040 AVENUE C BETHLEHEM, PA 18017-2188	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY JOSEPH VAN SYCKLE VICE PRESIDENT 2040 AVENUE C BETHLEHEM, PA 18017-2188	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH MARK BRUGAN VICE PRESIDENT 2040 AVENUE C BETHLEHEM, PA 18017-2188	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RAFAEL MARTINEZ VICE PRESIDENT 2040 AVENUE C BETHLEHEM, PA 18017-2188	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES M PETRUSKA VICE PRESIDENT 7158 S FLSMIDTH DR MIDVALE, UT 84047-5559	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS SCHLEPP VICE PRESIDENT 2040 AVENUE C BETHLEHEM, PA 18017-2188	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GIRISH SUD VICE PRESIDENT 2040 AVENUE C BETHLEHEM, PA 18017-2188	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: MARY BETH FLOWERS TITLE: SECRETARY ADDRESS: 2040 AVENUE C CITY/ST/ZIP/CO: BETHLEHEM, PA 18017-2188	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: STEPHEN MURRAY HARRINGTON TITLE: VICE PRESIDENT ADDRESS: 2040 AVENUE C CITY/ST/ZIP/CO: BETHLEHEM, PA 18017-2188	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: DEBORAH S WILLIAMS TITLE: ASST TREASURER ADDRESS: 2040 AVENUE C CITY/ST/ZIP/CO: BETHLEHEM, PA 18017-2188	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JEFFREY V JOHNSON TITLE: GM-FIELD OPER ADDRESS: 2040 AVENUE C CITY/ST/ZIP/CO: BETHLHEM, PA 18017-2188	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: FRANCIS E WALSH TITLE: CHIEF ENGINEER ADDRESS: 2040 AVENUE C CITY/ST/ZIP/CO: BETHLEHEM, PA 18017-2188	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: CRAIG SAMS TITLE: VICE PRESIDENT ADDRESS: 2040 AVENUE C CITY/ST/ZIP/CO: BETHLEHEM, PA 18017-2188	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: DANIEL EDWARD NEMETH TITLE: VICE PRESIDENT ADDRESS: 2040 AVENUE C CITY/ST/ZIP/CO: BETHLEHEM, PA 18017-2188	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ MARY BETH FLOWERS _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARY BETH FLOWERS, SECRETARY _____ PRINTED NAME AND CORPORATE TITLE
2/22/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	