

1.) CORPORATION NAME:

FLSmith Inc.

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1205055**

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.

<p>NAME: JOHN FRANCIS MERTZ TITLE: VICE PRESIDENT ADDRESS: 2158 S. FLSMIDTH DRIVE CITY/ST/ZIP/CO: MIDVALE, UT 84047-5559</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: WILLIAM JOSEPH O'SHEA TITLE: PRESIDENT ADDRESS: 2040 AVENUE C CITY/ST/ZIP/CO: BETHLEHEM, PA 18017-2188</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: TIMOTHY JOSEPH VAN SYCKLE TITLE: VICE PRESIDENT ADDRESS: 2040 AVENUE C CITY/ST/ZIP/CO: BETHLEHEM, PA 18017-2188</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: SCOTT ASHLEY BAKER TITLE: VICE PRESIDENT ADDRESS: 2040 AVENUE C CITY/ST/ZIP/CO: BETHLEHEM, PA 18017-2188</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JOSEPH MARK BRUGAN TITLE: VICE PRESIDENT ADDRESS: 2040 AVENUE C CITY/ST/ZIP/CO: BETHLEHEM, PA 18017-2188</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: STEPHEN MURRAY HARRINGTON TITLE: VICE PRESIDENT ADDRESS: 2040 AVENUE C CITY/ST/ZIP/CO: BETHLEHEM, PA 18017-2188</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" 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:	CRAIG SAMS 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:	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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY BETH FLOWERS SECRETARY 2040 AVENUE C BETHLEHEM, PA 18017-2188	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN J CHABIN TREASURER 2040 AVE C BETHLEHEM, PA 18017-2188	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBORAH S WILLIAMS ASST TREASURER 2040 AVENUE C BETHLEHEM, PA 18017-2188	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JORGEN HUNO RASMUSSEN COB VIGERSLEV ALLE 77 , , FN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY V JOHNSON GM-FIELD OPER 2040 AVENUE C BETHLHEM, PA 18017-2188	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RALPH J MCCANDLESS III CONTROLLER 2040 AVENUE C BETHLEHEM, 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
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NAME: DOUGLAS LITZENBERGER TITLE: CFO ADDRESS: 2040 AVENUE C CITY/ST/ZIP/CO: BETHLEHEM, PA 18017-2188	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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	2/21/2013 DATE
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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.