

1.) CORPORATION NAME:

**FLSmith Inc.**

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

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: 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 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
<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: RAFAEL MARTINEZ 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: KEVIN J CHABIN TITLE: ASST TREASURER ADDRESS: 2040 AVE C CITY/ST/ZIP/CO: BETHLEHEM, PA 18017-2188</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DEBORAH S WILLIAMS TITLE: ASST TREASURER ADDRESS: 2040 AVENUE C CITY/ST/ZIP/CO: BETHLEHEM, PA 18017-2188</p>	<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:	DOUGLAS LITZENBERGER Controller 2040 AVENUE C BETHLEHEM, PA 18017-2188	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANCIS E WALSH CHIEF ENGINEER 2040 AVENUE C BETHLEHEM, PA 18017-2188	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Peter James Flanagan CHAIRMAN 7158 S. FLSmidth Drive Midvale, UT 84047-5559	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Richard Wray VICE PRESIDENT 7158 S. FLSmidth Drive Midvale, UT 84047-5559	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mikael Juhl VICE PRESIDENT 7158 S. FLSmidth Drive Midvale, UT 84047-5559	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mikael Juhl TREASURER 7158 S. FLSmidth Drive Midvale, UT 84047-5559	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Brian Field VICE PRESIDENT 7158 S. FLSmidth Drive Midvale, UT 84047-5559	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Bernard Zavatone 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:	Jacob Sondergaard 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 Litzenberger ASST TREASURER 2040 Avenue C Bethlehem, PA 18017-2188	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: Stephen Murray Harrington TITLE: PRESIDENT ADDRESS: 2040 Avenue C CITY/ST/ZIP/CO: Bethlehem, PA 18017-2188	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Peter J Flanagan TITLE: CEO ADDRESS: 7158 S. FLSmith Drive CITY/ST/ZIP/CO: Midvale, UT 84047-5559	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Mikael Juhl TITLE: CFO ADDRESS: 7158 S. FLSmith Drive CITY/ST/ZIP/CO: Midvale, UT 84047-5559	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Stephen Murray Harrington TITLE: Gen. Counsel ADDRESS: 2040 Avenue C CITY/ST/ZIP/CO: Bethlehem, PA 18017-2188	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<b>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.</b>		
/s/ MARY BETH FLOWERS _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARY BETH FLOWERS, SECRETARY _____ PRINTED NAME AND CORPORATE TITLE	2/24/2014 _____ 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.		