

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: STEPHEN MURRAY HARRINGTON TITLE: ASST SECRETARY 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: 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: MIKAEL JUHL TITLE: VICE PRESIDENT ADDRESS: 7158 S. FLSMIDTH DRIVE CITY/ST/ZIP/CO: MIDVALE, UT 84047-5559</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: RICHARD WRAY TITLE: VICE PRESIDENT ADDRESS: 7158 S. FLSMIDTH DRIVE CITY/ST/ZIP/CO: MIDVALE, UT 84047-5559</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

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:	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:	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:	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:	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:	KEVIN J CHABIN ASST TREASURER 2040 AVE 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: 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:	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:	PETER J FLANAGAN CEO 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:	STEPHEN MURRAY HARRINGTON GEN. COUNSEL 2040 AVENUE C BETHLEHEM, PA 18017-2188	<input checked="" type="checkbox"/> OFFICER	<input checked="" 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: DOUGLAS LITZENBERGER TITLE: CONTROLLER ADDRESS: 2040 AVENUE C CITY/ST/ZIP/CO: 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	
NAME: MIKAEL JUHL TITLE: CFO ADDRESS: 7158 S. FLSMIDTH DRIVE CITY/ST/ZIP/CO: MIDVALE, UT 84047-5559	<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.		