

1.) CORPORATION NAME:

**ANDRITZ INC.**

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
BANK OF AMERICA CENTER  
16TH FLOOR, 1111 EAST MAIN STREET**

SCC ID NO: **F1259615**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1115 NORTHMEADOW PKWY

CITY/ST/ZIP: ROSWELL, GA 30076-3857

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Timothy J. Ryan	
TITLE:	PRESIDENT	
ADDRESS:	1115 Northmeadow Pkwy	
CITY/ST/ZIP/CO:	Roswell, GA 30076-3857	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	John E Morphis	
TITLE:	TREASURER	
ADDRESS:	One Namic Place	
CITY/ST/ZIP/CO:	Glens Falls, NY 12801	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Deborah B Zink	
TITLE:	SECRETARY	
ADDRESS:	1115 Northmeadow Pkwy	
CITY/ST/ZIP/CO:	Roswell, GA 30076-3857	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Karl Hornhofer	
TITLE:	DIRECTOR	
ADDRESS:	Stattegger Strasse 18	
CITY/ST/ZIP/CO:	Graz, Styria 8045, AT	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Wolfgang Leitner	
TITLE:	DIRECTOR	
ADDRESS:	Stattegger Strasse 18	
CITY/ST/ZIP/CO:	Graz, Styria 8045, AT	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Humbert Koefler	
TITLE:	DIRECTOR	
ADDRESS:	Eibesbrunnnergasse 20	
CITY/ST/ZIP/CO:	Vienna, Vienna 1120, AT	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	David W. Bumsted VICE PRESIDENT 1115 Northmeadow Pkwy Roswell, GA 30076-3857	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Christopher Keays VICE PRESIDENT 1115 Northmeadow Pkwy Roswell, GA 30076-3857	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Milind Karkare VICE PRESIDENT 125 Clairemont Ave Suite 570 Decatur, GA 30030-2552	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jay Miele VICE PRESIDENT 1115 Northmeadow Pkwy Roswell, GA 30076-3857	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Raymond W. Roth ASST TREASURER 35 Sherman St Muncy, PA 17756	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Scott J. McFadden ASST TREASURER 336 West Penn St Muncy, PA 17756	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Veronica C. O'Brien ASST SECRETARY 1115 Northmeadow Pkwy Roswell, GA 30076-3857	<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/ Deborah B Zink SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Deborah B Zink, SECRETARY PRINTED NAME AND CORPORATE TITLE	7/22/2013 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.			