

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214526466

1.) CORPORATION NAME:

ALFA LAVAL USA INC.

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1515594**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5400 INTERNATIONAL TRADE DR

CITY/ST/ZIP: RICHMOND, VA 23231

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:	JOHN C ATANASIO		
TITLE:	PRESIDENT		
ADDRESS:	5400 INTERNATIONAL TRADE DR		
CITY/ST/ZIP/CO:	RICHMOND, VA 23231		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JOSEPH M LAWRENCE		
TITLE:	TREASURER		
ADDRESS:	5400 INTERNATIONAL TRADE DRIVE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23231		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	NISH PATEL		
TITLE:	CHAIRMAN		
ADDRESS:	RUDEBOKSVAGEN 1		
CITY/ST/ZIP/CO:	, , FN		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	WILLIAM J CONNOLLY		
TITLE:	SECRETARY		
ADDRESS:	5400 INTERNATIONAL TRADE DRIVE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23231		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	THOMAS THURESSON		
TITLE:	DIRECTOR		
ADDRESS:	RUDEBOKSVAGEN 1		
CITY/ST/ZIP/CO:	, , FN		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Patrick P Ferretti		
TITLE:	ASST SECRETARY		
ADDRESS:	5400 International Trade Dr		
CITY/ST/ZIP/CO:	Richmond, VA 23231		

NAME: Robert T Madison, Jr. TITLE: ASST TREASURER ADDRESS: 5400 International Trade Dr CITY/ST/ZIP/CO: Richmond, VA 23231	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: Anil Rohani-Shukla TITLE: ASST TREASURER ADDRESS: 5400 International Trade Dr CITY/ST/ZIP/CO: Richmond, VA 23231	<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/ Robert T Madison, Jr.	Robert T Madison, Jr.,	5/22/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.