

SCC eFile

2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

212551361

1.) CORPORATION NAME:

**ANDRITZ SEPARATION INC.**

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1844895**

5.) STOCK INFORMATION

CLASS  AUTHORIZED

**RICHMOND, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1010 COMMERCIAL BLVD SOUTH

CITY/ST/ZIP: ARLINGTON, TX 76001

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.

NAME: JOHN A MADDEN  
TITLE: PRESIDENT  
ADDRESS: 1010 COMMERCIAL BLVD SOUTH  
CITY/ST/ZIP/CO: ARLINGTON, TX 76001

OFFICER  DIRECTOR

NAME: DAVID W BUMSTED  
TITLE: VICE PRESIDENT  
ADDRESS: 1115 NORTHMEADOW PKWY  
CITY/ST/ZIP/CO: ROSWELL, GA 30076

OFFICER  DIRECTOR

NAME: STEVE A. HUFF  
TITLE: VICE PRESIDENT  
ADDRESS: 1010 COMMERCIAL BLVD SOUTH  
CITY/ST/ZIP/CO: ARLINGTON, VA

OFFICER  DIRECTOR

NAME: ANN CROSSMAN  
TITLE: ASST TREASURER  
ADDRESS: 1010 COMMERCIAL BLVD SOUTH  
CITY/ST/ZIP/CO: ARLINGTON, VA

OFFICER  DIRECTOR

NAME: JOHN E. MORPHIS  
TITLE: TREASURER  
ADDRESS: ONE NAMIC PLACE  
CITY/ST/ZIP/CO: GLENS FALLS, VA

OFFICER  DIRECTOR

NAME: ANN CROSSMAN  
TITLE: ASST SECRETARY  
ADDRESS: 1010 COMMERCIAL BLVD SOUTH  
CITY/ST/ZIP/CO: ARLINGTON, VA

OFFICER  DIRECTOR

NAME: VERONICA C. O'BRIEN TITLE: ASST SECRETARY ADDRESS: 1115 NORTHMEADOW PKWY. CITY/ST/ZIP/CO: ROSWELL, VA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DEBORAH B. ZINK TITLE: SECRETARY ADDRESS: 1115 NORTHMEADOW PKWY CITY/ST/ZIP/CO: ROSWELL, VA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: THOMAS BACHHOFNER TITLE: DIRECTOR ADDRESS: AM EUROPLAZA/GEBAEUDE C CITY/ST/ZIP/CO: , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HUMBERT KOEFLER TITLE: DIRECTOR ADDRESS: AM EUROPLAZE/GEBAEUDE C CITY/ST/ZIP/CO: , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRISTIAN PEDRATSCHER TITLE: DIRECTOR ADDRESS: STATTEGGER STRASSE 18 CITY/ST/ZIP/CO: , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TIMOTHY J RYAN TITLE: DIRECTOR ADDRESS: 1115 NORTHMEADOW PKWY CITY/ST/ZIP/CO: ROSWELL, GA 30076	<input type="checkbox"/> OFFICER	<input checked="" 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	4/30/2013 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.		