

1.) CORPORATION NAME:

**ANDRITZ SEPARATION INC.**

DUE DATE: **12/31/2014**

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**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	3,000

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	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1010 COMMERCIAL BLVD SOUTH		
CITY/ST/ZIP/CO:	ARLINGTON, TX 76001		

NAME:	DAVID W BUMSTED	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1115 NORTHMEADOW PKWY		
CITY/ST/ZIP/CO:	ROSWELL, GA 30076		

NAME:	STEVE A. HUFF	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1010 COMMERCIAL BLVD SOUTH		
CITY/ST/ZIP/CO:	ARLINGTON, VA		

NAME:	ANN CROSSMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	1010 COMMERCIAL BLVD SOUTH		
CITY/ST/ZIP/CO:	ARLINGTON, VA		

NAME:	JOHN E. MORPHIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	ONE NAMIC PLACE		
CITY/ST/ZIP/CO:	GLENS FALLS, VA		

NAME:	ANN CROSSMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	1010 COMMERCIAL BLVD SOUTH		
CITY/ST/ZIP/CO:	ARLINGTON, VA		

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
12/30/2014 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.	