

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 812944 (7)

1. Corporation Name  
**INGERSOLL-RAND COMPANY**



Principal Place of Business: 200 CHESTNUT RIDGE ROAD WOODCLIFF LAKE N J 07675  
Mailing Address: 200 CHESTNUT RIDGE ROAD WOODCLIFF LAKE N J 07675

3. Date Incorporated or Qualified: 07/23/1958  
3a. Date of Last Report: 04/24/1995

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

4. FEI Number: 13-5156640  
Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERELLA, JAMES E	1.2 NAME	
STREET ADDRESS	200 CHESTNUT RIDGE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WOODCLIFF LAKE NJ	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRNE, BRENDAN T.	2.2 NAME	
STREET ADDRESS	146 GALLUP ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON NJ	2.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, WILLIAM	3.2 NAME	
STREET ADDRESS	200 CHESTNUT RIDGE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WOODCLIFF LK, NJ 00000	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLANNERY, JOSEPH P.	4.2 NAME	
STREET ADDRESS	435 SQUIRE HILL ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHESIRE CT	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELLER, RONALD G	5.2 NAME	
STREET ADDRESS	200 CHESTNUT RIDGE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WOODCLIFF LAKE FL	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NACHTIGAL, PATRICIA	6.2 NAME	
STREET ADDRESS	200 CHESTNUT RIDGE ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	WOODCLIFF LAKE NJ	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96 Date

201-573-3091 Daytime Phone #

CR2E034 (12/95)