

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 30, 1999 8:00 am**  
**Secretary of State**

03-30-1999 90038 037 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 812944**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/23/1958**

4. FEI Number  
**13-5156640**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
 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

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	PERELLA, JAMES E	
STREET ADDRESS	200 CHESTNUT RIDGE ROAD	
CITY-ST-ZIP	WOODCLIFF LAKE NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HORNER, CONSTANCE	
STREET ADDRESS	1775 MASSACHUSETTS AVENUE N.W.	
CITY-ST-ZIP	WASHINGTON DC 20036	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	ARMSTRONG, WILLIAM	
STREET ADDRESS	200 CHESTNUT RIDGE RD.	
CITY-ST-ZIP	WOODCLIFF LK, NJ 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLANNERY, JOSEPH P.	
STREET ADDRESS	70 GREAT HILL ROAD	
CITY-ST-ZIP	NUAGATUCK CT 06770	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HELLER, RONALD G	
STREET ADDRESS	200 CHESTNUT RIDGE ROAD	
CITY-ST-ZIP	WOODCLIFF LAKE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	NACHTIGAL, PATRICIA	
STREET ADDRESS	200 CHESTNUT RIDGE ROAD	
CITY-ST-ZIP	WOODCLIFF LAKE NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 file 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, with all other like empowered.

SIGNATURE: **KENNETH W. LILJEBACK**  
**ATTORNEY-IN-FACT**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (11/98)