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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **835729** **(5)**

1. Corporation Name
GARLOCK, INC.

Principal Place of Business	Mailing Address
C/O COLTEC INDUSTRIES INC 430 PARK AVE. NEW YORK NY 10022	C/O COLTEC INDUSTRIES INC 430 PARK AVE. NEW YORK NY 10022-3505

3. Date Incorporated or Qualified: 01/27/1976
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 c/o Coltec Industries Inc	26 c/o Coltec Industries Inc
Suite, Apt. #, etc. 22 3 Coliseum Centre 2550 West Tyvola Road	Suite, Apt. #, etc. 27 3 Coliseum Centre 2550 West Tyvola Road
City & State 23 Charlotte NC	City & State 28 Charlotte NC
Zip 24 28217 Country 25 USA	Zip 29 28217 Country 30 USA

4. FEI Number: 13-2838953 ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GUFFEY, JOHN W. JR. 430 PARK AVE. NEW YORK NY	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President Michael J. Burdulis 3 Coliseum Centre, 2550 West Tyvola Road Charlotte NC 28217	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT SCHOEN, PAUL G. 430 PARK AVE. NEW YORK NY	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Vice President Joseph F. Andolino 3 Coliseum Centre, 2550 West Tyvola Road Charlotte NC 28217	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Treasurer David P. Harrison 3 Coliseum Centre, 2550 West Tyvola Road Charlotte NC 28217	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Secretary Robert J. Tubbs 3 Coliseum Centre, 2550 West Tyvola Rd Charlotte NC 28217	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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 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: Joseph F. Andolino 4/25/97 704-423-7000