

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000217

FILED
Apr 09, 2011
Secretary of State

Entity Name: EMERSON PROCESS MANAGEMENT VALVE AUTOMATION, INC.

Current Principal Place of Business:

18703 GH CIRCLE
WALLER, TX 77484

New Principal Place of Business:

Current Mailing Address:

8100 W. FLORISSANT AVE
PO BOX 36911
ST. LOUIS, MO 63136

New Mailing Address:

FEI Number: 76-0428239 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP
Name: BUTTON, DAN G
Address: 8100 W. FLORISSANT AVENUE
City-St-Zip: ST. LOUIS, MO 63136 US

Title: VPD
Name: BUZBEE, TERRY D
Address: 301 SOUTH FIRST AVE
City-St-Zip: MARSHALLTOWN, IA 50158 US

Title: VPD
Name: MCGINNIS, BRIAN P
Address: 8100 W. FLORISSANT AVENUE
City-St-Zip: ST. LOUIS, MO 63136 US

Title: VP
Name: CARLSON, ERIC
Address: 8100 W. FLORISSANT AVENUE
City-St-Zip: ST. LOUIS, MO 63136 US

Title: VP
Name: PLUM, DAVID M
Address: 8100 W. FLORISSANT AVE.
City-St-Zip: ST. LOUIS, MO 63136 US

Title: T
Name: BURNETT, T A
Address: 8100 W. FLORISSANT AVENUE
City-St-Zip: ST. LOUIS, MO 63136 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THERESA A. BURNETT

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04/09/2011

Electronic Signature of Signing Officer or Director

_____ Date