

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 # P21289 (4)

1. Corporation Name

INGERSOLL-RAND ENHANCED RECOVERY COMPANY



Principal Place of Business

Mailing Address

200 CHESTNUT RIDGE RD
WOODCLIFF LAKE, NJ
WILMINGTON DE 07675

200 CHESTNUT RIDGE RD
WOODCLIFF LAKE, NJ
WILMINGTON DE 07675

3. Date Incorporated or Qualified **10/13/1988** 3a. Date of Last Report **02/24/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 13-1102482		Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
City & State		City & State		24		25	
Zip		Country		29		30	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRELLA, J.E.	1.2 NAME	
STREET ADDRESS	200 CHESTNUT RIDGE RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	WOODCLIFF LAKE NJ	1.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NACHTIGAL, P	2.2 NAME	
STREET ADDRESS	200 CHESTNUT RIDGE RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	WOODCLIFF LAKE NJ	2.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROLL, D. E.	3.2 NAME	
STREET ADDRESS	200 CHESTNUT RIDGE ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	WOODCLIFF LAKE NY	3.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELLER, R G	4.2 NAME	
STREET ADDRESS	200 CHESTNUT RIDGE RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	WOODCLIFF LAKE NJ	4.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCBRIDE, T. F.	5.2 NAME	
STREET ADDRESS	200 CHESTNUT RIDGE ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	WOODCLIFF NY	5.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, E. J.	6.2 NAME	
STREET ADDRESS	200 CHESTNUT RIDGE ROAD	6.3 STREET ADDRESS	
CITY - ST - ZIP	WOODCLIFF NY	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

Date

Daytime Phone #

4/10/96

201-573-2091

CR2E034 (12/95)