

4-20-97 P. 5381 -c  
**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 24 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P21289 (4)**  
 1. Corporation Name  
**INGERSOLL-RAND ENHANCED RECOVERY COMPANY**



Principal Place of Business: **200 CHESTNUT RIDGE RD WOODCLIFF LAKE, NJ WILMINGTON DE 07675**

Mailing Address: **200 CHESTNUT RIDGE RD WOODCLIFF LAKE, NJ WILMINGTON DE 07675-7703**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3a. Date of Last Report		5. Certificate of Status Desired	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		13-1102482		04/23/1996		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No			

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  
 85 Zip Code **FL**

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PERRELLA, J.E.</b>	1.2 NAME	
STREET ADDRESS	<b>200 CHESTNUT RIDGE RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WOODCLIFF LAKE NJ</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NACHTIGAL, P</b>	2.2 NAME	
STREET ADDRESS	<b>200 CHESTNUT RIDGE RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WOODCLIFF LAKE NJ</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KROLL, D. E.</b>	3.2 NAME	
STREET ADDRESS	<b>200 CHESTNUT RIDGE ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WOODCLIFF LAKE NY</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HELLER, R G</b>	4.2 NAME	
STREET ADDRESS	<b>200 CHESTNUT RIDGE RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WOODCLIFF LAKE NJ</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCBRIDE, T. F.</b>	5.2 NAME	
STREET ADDRESS	<b>200 CHESTNUT RIDGE ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WOODCLIFF NY</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARMSTRONG, E. J.</b>	6.2 NAME	
STREET ADDRESS	<b>200 CHESTNUT RIDGE ROAD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WOODCLIFF NY</b>	6.4 CITY-ST-ZIP	

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 attached page with an address.

SIGNATURE: *George Vuelys* **4/16/97 201-573-3091**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF THE CORPORATION \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)