


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90296 030 \*\*\*550.00

**DOCUMENT # P21289**  
 1. Entity Name  
**INGERSOLL-RAND ENHANCED RECOVERY COMPANY**



Principal Place of Business  
**200 CHESTNUT RIDGE RD  
 WOODCLIFF LAKE, NJ 07677**

Mailing Address  
**200 CHESTNUT RIDGE RD  
 WOODCLIFF LAKE, NJ  
 WOODCLIFF LAKE, NJ 07677**

**50051030**



2. Principal Place of Business  
**155 Chestnut Ridge**  
 Suite, Apt. #, etc.

3. Mailing Address  
**155 Chestnut Ridge**  
 Suite, Apt. #, etc.

04292005 Chg-P CR2E034 (10/03)

City & State  
**Montvale NJ 07645**

City & State  
**Montvale NJ 07645**

Zip  
**07645** Country  
**USA**

Zip  
**07645** Country  
**USA**

4. FEI Number  
**13-1102482**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust Fund Contribution  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	V	<input type="checkbox"/> Delete
NAME	KROLL, D.E.	
STREET ADDRESS	200 CHESTNUT RIDGE ROAD	
CITY-ST-ZIP	WESTWOOD, NJ 07675	
TITLE	P	<input type="checkbox"/> Delete
NAME	SWIMMER, G.E.	
STREET ADDRESS	200 CHESTNUT RIDGE RD	
CITY-ST-ZIP	WESTWOOD, NJ 07675	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HELLER, R.G.	
STREET ADDRESS	200 CHESTNUT RIDGE RD	
CITY-ST-ZIP	WESTWOOD, NJ 07675	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MACHTIGAL, P	
STREET ADDRESS	200 CHESTNUT RIDGE RD	
CITY-ST-ZIP	WESTWOOD, NJ 07675	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	155 Chestnut Ridge Rd	
CITY-ST-ZIP	Montvale NJ 07645	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	155 Chestnut Ridge Rd	
CITY-ST-ZIP	Montvale NJ 07645	
TITLE	Secretary / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara Santorp.	
STREET ADDRESS	155 Chestnut Ridge	
CITY-ST-ZIP	Montvale NJ 07645	
TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nachtigal, P.	
STREET ADDRESS	155 Chestnut Ridge Rd	
CITY-ST-ZIP	Montvale NJ 07645	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like amendment.

SIGNATURE:  **KENNETH W. LILJEBACK**  
**ATTORNEY-IN-FACT** 5/7/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #