

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90353 015 ***150.00

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02272006 Chg-P CR2E034 (11/05)

DOCUMENT # P21289							
1. Entity Name INGERSOLL-RAND ENHANCED RECOVERY COMPANY							
Principal Place of Business 155 CHESTNUT RIDGE RD MONTVALE, NJ 07645			Mailing Address 155 CHESTNUT RIDGE RD MONTVALE, NJ 07645				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 13-1102482			
Zip		Country		Applied For <input type="checkbox"/> Not Applicable			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		9. \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KROLL, D.E.		NAME	G.T. Moran			
STREET ADDRESS	155 CHESTNUT RIDGE RD		STREET ADDRESS	155 Chestnut Ridge Road			
CITY-ST-ZIP	MONTVALE, NJ 07645		CITY-ST-ZIP	montvale, NJ 07645			
TITLE	P	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SWIMMER, G.E.		NAME				
STREET ADDRESS	155 CHESTNUT RIDGE RD		STREET ADDRESS				
CITY-ST-ZIP	MONTVALE, NJ 07645		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SANTORO, BARBARA		NAME				
STREET ADDRESS	155 CHESTNUT RIDGE RD		STREET ADDRESS				
CITY-ST-ZIP	MONTVALE, NJ 07645		CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NACHTIGAL, P		NAME				
STREET ADDRESS	155 CHESTNUT RIDGE RD		STREET ADDRESS				
CITY-ST-ZIP	MONTVALE, NJ 07645		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.							
SIGNATURE: _____			Date: 3/1/06				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>				