

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21289

FILED  
Apr 15, 2008  
Secretary of State

Entity Name: INGERSOLL-RAND ENHANCED RECOVERY COMPANY

**Current Principal Place of Business:**

155 CHESTNUT RIDGE RD  
MONTVALE, NJ 07645

**New Principal Place of Business:**

**Current Mailing Address:**

155 CHESTNUT RIDGE RD  
MONTVALE, NJ 07645

**New Mailing Address:**

FEI Number: 13-1102482      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: MORAN, G.T.  
Address: 155 CHESTNUT RIDGE RD  
City-St-Zip: MONTVALE, NJ 07645

Title: PD ( ) Delete  
Name: KURLAND, LAWRENCE  
Address: 155 CHESTNUT RIDGE RD  
City-St-Zip: MONTVALE, NJ 07645

Title: SD ( ) Delete  
Name: SANTORO, BARBARA  
Address: 155 CHESTNUT RIDGE RD  
City-St-Zip: MONTVALE, NJ 07645

Title: VD ( ) Delete  
Name: NACHTIGAL, P  
Address: 155 CHESTNUT RIDGE RD  
City-St-Zip: MONTVALE, NJ 07645

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SECR ( ) Change (X) Addition  
Name: LEONARD, KEVIN  
Address: 155 CHESTNUT RIDGE RD  
City-St-Zip: MONTVALE, NJ 07645

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KEVIN LEONARD

SECR

04/15/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date