

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 14 PM 2:34

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P24105** (9)

1. Corporation Name  
**PEERLESS PUMP COMPANY**

Principal Place of Business: **1441 PEERLESS WAY MONTEBELLO CA 90640**  
Mailing Address: **2005 PR. ML King St. Indianapolis, IN 46204**  
C/O TB SERVICES  
565 5TH AVE  
NEW YORK NY 10017  
US

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Created: **04/28/1989**  
3a. Date of Last Report: **03/18/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. State, Apt. #, etc.	25. State, Apt. #, etc.	93-0970734	(Not Applicable)
22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. City & State	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Zip	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	30. Country		

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	B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1609, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD CUTLER, RICHARD J. 190 FEN WAY SYOSSET NY	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P MCCURRY, R.D. 2005 DR M L KING JR. STREET INDIANAPOLIS IN	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD LEVINE, ROBERT B. 124 S. MARION PLACE ROCKVILLE CENTRE NY	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ST JOYCE, KEVIN R. 2005 DR ML KING JR ST INDIANAPOLIS IN	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	AS GREEN, STEPHEN 1588 UNION AVE. HEWLETT NY	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		71 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		81 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		91 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		101 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*Plan Massey  
2005 PR. ML King Jr. Street  
Indianapolis, IN.*

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(1)(b), Florida Statutes. Further, I certify that I am an officer or director of the corporation at the time of the filing of this report and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation at the time of the filing of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 of this filing. (A change, or an addition, must be with an address.)

SIGNATURE: *Robert B. Levine* **ROBERT B. LEVINE** *1/11/95* *212-850-8500*  
VICE PRESIDENT