

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000003935

Entity Name: BARKSDALE, INC.**Current Principal Place of Business:**3211 FRUITLAND AVENUE
LOS ANGELES, CA 90058**Current Mailing Address:**C/O CRANE CO.
100 FIRST STAMFORD PLACE
STAMFORD, CT 06902**FEI Number:** 95-4453597**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title ASST. SECRETARY
Name DEE, CHRISTOPHER
Address 100 FIRST STAMFORD PLACE
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR
Name MITCHELL, MAX H
Address 100 FIRST STAMFORD PLACE
City-State-Zip: STAMFORD CT 06902

Title TREASURER
Name ROWE, TAZWELL S.
Address 100 FIRST STAMFORD PLACE
City-State-Zip: STAMFORD CT 06902

Title PRESIDENT
Name FUEHR, RALF K
Address 3211 FRUITLAND AVENUE
City-State-Zip: LOS ANGELES CA 90058

Title VP, FINANCE
Name WULF, DENISE
Address 3211 FRUITLAND AVENUE
City-State-Zip: LOS ANGELES CA 90058

Title ASST. SECRETARY
Name PASSARELLI, SINA A
Address 100 FIRST STAMFORD PLACE
City-State-Zip: STAMFORD CT 06902

Title VP, ASST. SECRETARY
Name SWITTER, ED S
Address 100 FIRST STAMFORD PLACE
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR
Name PINKHAM, LOUIS V
Address 100 FIRST STAMFORD PLACE
City-State-Zip: STAMFORD CT 06902

I hereby 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 all other like empowered.

SIGNATURE: SINA A PASSARELLI**ASSISTANT TREASURER** 04/08/2016_____
Electronic Signature of Signing Officer/Director Detail_____
Date