

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000004650

**Entity Name:** ENPRO INDUSTRIES, INC.

**Current Principal Place of Business:**

5605 CARNEGIE BLVD.  
SUITE 500  
CHARLOTTE, NC 28209

**Current Mailing Address:**

5605 CARNEGIE BLVD.  
SUITE 500  
CHARLOTTE, NC 28209 US

**FEI Number: 01-0573945**

**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 DIRECTOR  
Name GULFO, ADELE M.  
Address 5605 CARNEGIE BLVD.  
SUITE 500  
City-State-Zip: CHARLOTTE NC 28209

Title DIRECTOR  
Name RILEY, MARVIN  
Address 5605 CARNEGIE BLVD.  
SUITE 500  
City-State-Zip: CHARLOTTE NC 28209

Title TREASURER  
Name RAVENBERG, CHRISTOPHER  
Address 5605 CARNEGIE BLVD.  
SUITE 500  
City-State-Zip: CHARLOTTE NC 28209

Title PRESIDENT AND CEO  
Name RILEY, MARVIN  
Address 5605 CARNEGIE BLVD.  
SUITE 500  
City-State-Zip: CHARLOTTE NC 28209

Title DIRECTOR  
Name HUMPHREY, JOHN  
Address 5605 CARNEGIE BLVD.  
SUITE 500  
City-State-Zip: CHARLOTTE NC 28209

Title DIRECTOR  
Name BRUECK, FELIX M.  
Address 5605 CARNEGIE BLVD.  
SUITE 500  
City-State-Zip: CHARLOTTE NC 28209

Title DIRECTOR  
Name BOTTS, THOMAS M.  
Address 5605 CARNEGIE BLVD.  
SUITE 500  
City-State-Zip: CHARLOTTE NC 28209

Title DIRECTOR  
Name VAN DER GRAAF, KEES  
Address 5605 CARNEGIE BLVD.  
SUITE 500  
City-State-Zip: CHARLOTTE NC 28209

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*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: ROBERT S. MCLEAN**

**SECRETARY**

**06/02/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BURNS, B. BERNARD JR.  
Address 1605 MYERS PARK DRIVE  
City-State-Zip: CHARLOTTE NC 28207

Title SECRETARY  
Name MCLEAN, ROBERT S.  
Address 5605 CARNEGIE BLVD.  
SUITE 500  
City-State-Zip: CHARLOTTE NC 28209

Title DIRECTOR  
Name CREEL, DIANE C.  
Address 5605 CARNEGIE BLVD.  
SUITE 500  
City-State-Zip: CHARLOTTE NC 28209

Title ASSISTANT SECRETARY  
Name PRICE, THOMAS  
Address 5605 CARNEGIE BLVD.  
SUITE 500  
City-State-Zip: CHARLOTTE NC 28209

Title DIRECTOR  
Name HAUSER, DAVID L.  
Address 5605 CARNEGIE BLVD.  
SUITE 500  
City-State-Zip: CHARLOTTE NC 28209