

**2013 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            PRESIDENT, DIRECTOR  
Name            MACADAM, STEPHEN E.  
Address        5605 CARNEGIE BLVD.  
                 SUITE 500  
City-State-Zip: CHARLOTTE NC 28209

Title            VP, TREASURER  
Name            BURNETT, DAVID S.  
Address        5605 CARNEGIE BLVD.  
                 SUITE 500  
City-State-Zip: CHARLOTTE NC 28209

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

Title            VP  
Name            MCKINNEY, ROBERT P.  
Address        5605 CARNEGIE BLVD.  
                 SUITE 500  
City-State-Zip: CHARLOTTE NC 28209

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

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

*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**

**VP, SECRETARY**

**04/13/2013**

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

\_\_\_\_\_  
Date