

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21289

**FILED**  
**Jan 04, 2018**  
**Secretary of State**  
**CC3021779394**

**Entity Name:** INGERSOLL-RAND ENHANCED RECOVERY COMPANY

**Current Principal Place of Business:**

2320 ONE WILLIAMS CENTER  
TULSA , OK 74172

**Current Mailing Address:**

2320 ONE WILLIAMS CENTER  
TULSA , OK 74172 US

**FEI Number:** 73-1102482

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 ASSISTANT SECRETARY  
Name EDWARDS, W. GLENN  
Address 800-E BEATY STREET  
City-State-Zip: DAVIDSON NC 28036

Title ASSISTANT SECRETARY  
Name WILTZIUS, JAMES J.  
Address 4833 WHITE BEAR PARKWAY  
City-State-Zip: ST. PAUL MN 55110

Title ASSISTANT SECRETARY  
Name LEONARD, KEVIN H.  
Address 1 CENTENNIAL AVENUE  
City-State-Zip: PISCATAWAY NJ 08854

Title ASSISTANT SECRETARY  
Name BROWN, SARA W.  
Address 800-E BEATY STREET  
City-State-Zip: DAVIDSON NC 28036

Title ASSISTANT TREASURER  
Name WILLIAMS, SCOTT R.  
Address 1 CENTENNIAL AVENUE  
City-State-Zip: PISCATAWAY NJ 08854

Title ASSISTANT TREASURER  
Name CRANMER, ROGER L.  
Address 1 CENTENNIAL AVENUE  
City-State-Zip: PISCATAWAY NJ 08854

Title ASSISTANT TREASURER  
Name LEI, ZUFENG BENJAMIN  
Address 1 CENTENNIAL AVENUE  
City-State-Zip: PISCATAWAY NJ 08854

Title DIRECTOR, VICE PRESIDENT  
Name KURLAND, LAWRENCE R.  
Address 1 CENTENNIAL AVENUE  
City-State-Zip: PISCATAWAY NJ 08854

**Continues on page 2**

*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:** ROGER L. CRANMER

**ASSISTANT TREASURER** 01/04/2018

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR, TREASURER  
Name INCALZA, FRANCESCO C.  
Address 800-E BEATY STREET  
City-State-Zip: DAVIDSON NC 28036

Title DIRECTOR, SECRETARY  
Name TURTZ, EVAN M.  
Address 800-E BEATY STREET  
City-State-Zip: DAVIDSON NC 28036

Title PRESIDENT  
Name GREEN, MARIA C.  
Address 800-E BEATY STREET  
City-State-Zip: DAVIDSON NC 28036