2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 358902

FILED Mar 12, 2002 8:00 AM Secretary of State

Entity Name: THOMPSON PUMP AND MANUFACTURING COMPANY, INC.

Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
4620 CITY CENTER DI PO BOX 291370 PORT ORANGE, FL 3		4620 CITY CENTER DE PORT ORANGE, FL 32		
Current Mailing Addr	ess:	New Mailing Address:	:	
4620 CITY CENTER DI PO BOX 291370 PORT ORANGE, FL 3		PO BOX 291370 PORT ORANGE, FL 32	2129	
FEI Number: 59-1286389	FEI Number Applied For ()	El Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
THOMPSON, WILLIAM 4620 CITY CENTER DI PT ORANGE, FL 3211	R.	THOMPSON, WILLIAM 1496 HERBERT STREI PT ORANGE, FL 3211:	ET	
ine above named entit in the State of Florida.	y submits this statement for the purp	ose of changing its registered	office or registered agent, or both,	
n the State of Florida. SIGNATURE:		ose of changing its registered	03/12/2002	
n the State of Florida. BIGNATURE: Electro This corporation is eligible Election Campaign Financ	onic Signature of Registered Agent to satisfy its Intangible Tax filing require ing Trust Fund Contribution ().	ment and elects to do so (X).	Date	
in the State of Florida. SIGNATURE: Electrication is eligible	onic Signature of Registered Agent to satisfy its Intangible Tax filing require ing Trust Fund Contribution ().	ment and elects to do so (X).	03/12/2002	
n the State of Florida. SIGNATURE: Electro This corporation is eligible Election Campaign Financ OFFICERS AND DIRE	onic Signature of Registered Agent to satisfy its Intangible Tax filing require ing Trust Fund Contribution (). CTORS: () Delete WILLIAM F, NES CIRCLE	ment and elects to do so (X). ADDITIONS/CHANGE	03/12/2002 Date	
n the State of Florida. SIGNATURE: Electron This corporation is eligible Election Campaign Financ OFFICERS AND DIRE THOMPSON, Address: 2 SUNNY PIN City-St-Zip: DAYTONA BE Title: VD Name: CONWAY, DA Address: 1496 HERBE	onic Signature of Registered Agent to satisfy its Intangible Tax filing require ing Trust Fund Contribution (). CCTORS: () Delete WILLIAM F, NES CIRCLE EACH, FL () Delete ALE	ment and elects to do so (X). ADDITIONS/CHANGE: Title: (Name: Address: City-St-Zip:	03/12/2002 Date S TO OFFICERS AND DIRECTOR	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SHAWN MACKEY STD 03/12/2002