
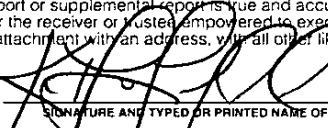


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90298 038 \*\*\*550.00

<b>DOCUMENT # 812944</b> 1. Entity Name <b>INGERSOLL-RAND COMPANY</b>			
Principal Place of Business <b>200 CHESTNUT RIDGE ROAD WOODCLIFF LAKE, NJ 07677</b>		Mailing Address <b>200 CHESTNUT RIDGE ROAD WOODCLIFF LAKE N., NJ 07675</b>	
2. Principal Place of Business <b>155 Chestnut Ridge Rd</b>		3. Mailing Address <b>155 Chestnut Ridge Rd</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Montvale NJ</b>		City & State <b>Montvale NJ 07645</b>	
Zip <b>07645</b>		Zip <b>07645</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>13-5156640</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when resigning)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HENKEL, HERBERT L 200 CHESTNUT RIDGE ROAD WOODCLIFF LAKE, NJ	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>155 Chestnut Ridge Montvale NJ 07645</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPC MCLEVISH, T.R. 200 CHESTNUT RIDGE RD. WOODCLIFF LAKE, NJ 07677	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>155 Chestnut Ridge Montvale NJ 07645</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HELLER, R.G. 200 CHESTNUT RIDGE RD. WOODCLIFF LK, FL 07677	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Secretary Barbara Santoro 155 Chestnut Ridge Rd Montvale NJ 07645</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELLER, R.G. 200 CHESTNUT RIDGE RD. WOODCLIFF LAKE, NJ 07677	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Director Barbara Santoro 155 Chestnut Ridge Montvale NJ 07645</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NACHTIGEL, PATRICIA 200 CHESTNUT RIDGE ROAD WOODCLIFF LAKE, NJ 07677	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>155 Chestnut Ridge Rd Montvale NJ 07645</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWIMMER, GERALD E 200 CHESTNUT RIDGE ROAD WOODCLIFF LAKE, NJ 07677	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>155 Chestnut Ridge Rd Montvale NJ 07645</b>
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employment.			
SIGNATURE: 		<b>KENNETH W. LILJEBACK</b> <b>ATTORNEY-IN-FACT</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>5/1/05</b> Daytime Phone #	