

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90160 013 ***150.00

DOCUMENT # 823217

1. Entity Name
ZURN INDUSTRIES INC

Principal Place of Business

**1801 PITTSBURGH AVE
 ERIE PA 16514
 US**

Mailing Address

**14801 QUORUM DR.
 P. O. BOX 709001
 DALLAS TX 75370-9001
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

25-1040754

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☒ Delete
 NAME **ZURN, JAMES A**
 STREET ADDRESS **230 W 41ST ST**
 CITY-ST-ZIP **ERIE, PA 00000**

TITLE **P** ☐ Change ☒ Addition
 NAME **ALEX P. MARINI**
 STREET ADDRESS **1801 PITTSBURGH AVE.**
 CITY-ST-ZIP **ERIE, PA 16514**

TITLE **PD** ☒ Delete
 NAME **WOMACK, ROBERT R**
 STREET ADDRESS **1333 SOUTH SHORE DRIVE**
 CITY-ST-ZIP **ERIE PA**

TITLE **VP/D** ☐ Change ☒ Addition
 NAME **STEVEN C. BARRE**
 STREET ADDRESS **101 WOOD AVE. S.**
 CITY-ST-ZIP **ISELIN, NJ 08830**

TITLE **V** ☒ Delete
 NAME **SHEEDER, FRANK E**
 STREET ADDRESS **16 NIAGARA PIER**
 CITY-ST-ZIP **ERIE PA**

TITLE **V/D/S** ☐ Change ☒ Addition
 NAME **WAYNE J. AARON**
 STREET ADDRESS **14801-QUORUM DRIVE**
 CITY-ST-ZIP **DALLAS, TX 75254**

TITLE **S** ☒ Delete
 NAME **HAINES, DENNIS**
 STREET ADDRESS **6405 ARBORWOOD LN**
 CITY-ST-ZIP **ERIE PA**

TITLE **T** ☐ Change ☒ Addition
 NAME **EDMUND L. KRAINSKI**
 STREET ADDRESS **1801 PITTSBURGH AVE.**
 CITY-ST-ZIP **ERIE, PA 16514**

TITLE **T** ☒ Delete
 NAME **MELLET, JOHN R**
 STREET ADDRESS **19 NIAGARA PIER**
 CITY-ST-ZIP **ERIE PA**

TITLE **AT** ☐ Change ☒ Addition
 NAME **TAMMY S. BISHOP**
 STREET ADDRESS **14801 QUORUM DRIVE**
 CITY-ST-ZIP **DALLAS, TX 75254**

TITLE **AT** ☒ Delete
 NAME **HUTCHINS, RICHARD W**
 STREET ADDRESS **14801 QUORUM DR**
 CITY-ST-ZIP **DALLAS TX 75240**

TITLE **D** ☐ Change ☒ Addition
 NAME **JOHN F. BENDIK**
 STREET ADDRESS **230 HALF MILE RD.**
 CITY-ST-ZIP **RED BANK, NJ 07701**

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TAMMY S. BISHOP
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/02

(972) 560-2171

Date

Daytime Phone #

CR2E034 (9/01)