

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 823217

1. Entity Name
ZURN INDUSTRIES INC



Principal Place of Business
**1801 PITTSBURGH AVE
ERIE, PA 16514 US**

Mailing Address
**1801 PITTSBURGH AVE
ERIE, PA 16514 US**



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARINI, ALEX P
STREET ADDRESS	1801 PITTSBURGH AVE
CITY-ST-ZIP	ERIE, PA 16514
TITLE	VD
NAME	BARRE, STEVEN C
STREET ADDRESS	777 SOUTH FLAGLER DR STE 1100
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	S
NAME	MACIA, LILLIAN C
STREET ADDRESS	777 SOUTH FLAGLER DR STE 1100
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	T
NAME	KRAINSKI, EDMUND L
STREET ADDRESS	1801 PITTSBURGH AVE
CITY-ST-ZIP	ERIE, PA 16514
TITLE	AT
NAME	BISHOP, TAMMY S
STREET ADDRESS	14801 QUORUM DRIVE
CITY-ST-ZIP	DALLAS, T 75254
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000183108
01/19/05-80054-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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 empowered.

SIGNATURE: EDMUND L KRAINSKI 1-7-05 814-875-1431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #