

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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**Jun 07, 1999 8:00 am**  
**Secretary of State**

06-07-1999 90007 022 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **827527**  
 1. Corporation Name  
**FLOWERVE CORP**

Principal Place of Business  
**3100 RESEARCH BLVD.  
 P.O. BOX 8820  
 DAYTON OH 45401**

Mailing Address  
**3100 RESEARCH BLVD.  
 P.O. BOX 8820  
 DAYTON OH 45401**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 **PO BOX 1145**  
 27 Suite, Apt. #, etc.  
 28 **DAYTON, OH**  
 29 **45401** 30 **USA**

3. Date Incorporated or Qualified  
**02/23/1972**

4. FEI Number  
**31-0267900** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<b>CDP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RETNORE, B G</b>	1.2 NAME	
STREET ADDRESS	<b>6533 E MAVERICK RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PARADISE VALLEY AZ 85253</b>	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JORDAN, W.M.</b>	2.2 NAME	
STREET ADDRESS	<b>7609 SW BLVD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX-75225</b>	2.4 CITY-ST-ZIP	
TITLE	AT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, G. L.</b>	3.2 NAME	
STREET ADDRESS	<b>945 DEER RUN ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CENTERVILLE OH</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COBLE, H K</b>	4.2 NAME	
STREET ADDRESS	<b>1941 DERBY DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANTA ANA CA 92705</b>	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHUFF, R.F.</b>	5.2 NAME	
STREET ADDRESS	<b>1605 FOREST VISTA COURT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SOUTHLAKE TX 76092</b>	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCNEAL, C D</b>	6.2 NAME	
STREET ADDRESS	<b>6630 PORTRAIT DR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAYTON OH 45415</b>	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  DATE: **5/14/99** DAYTIME PHONE #: **972-443-6500**

CR2E034 (11/98)

570318-90007-22  
DOC # 827527

**FLOWSERVE CORPORATION**  
1998

**BOARD OF DIRECTORS**

D	Diane C. Harris	222 West Las Colinas Blvd.	Irving	TX	75039
D	Hugh K. Coble	1941 Derby Dr	Santa Ana	CA	92705
CDP	Bernard G. Rethore	6533 East Maverick Rd	Paradise Valley	AZ	85253
D	George T. Haymaker, Jr.	222 West Las Colinas Blvd.	Irving	TX	75039
D	Charles M. Rampacek	222 West Las Colinas Blvd.	Irving	TX	75039
D	William C. Rusnack	222 West Las Colinas Blvd.	Irving	TX	75039
D	R. Elton White	222 West Las Colinas Blvd.	Irving	TX	75039
D	Kevin E. Sheehan	222 West Las Colinas Blvd.	Irving	TX	75039
D	James O. Rollans	222 West Las Colinas Blvd.	Irving	TX	75039
D	Michael F. Johnston	222 West Las Colinas Blvd.	Irving	TX	75039

**OFFICERS**

AVP	Michael S. Dunn	222 West Las Colinas Blvd.	Irving	TX	75039
VP	Rick L. Johnson	222 West Las Colinas Blvd.	Irving	TX	75039
VP	Cheryl D. McNeal	222 West Las Colinas Blvd.	Irving	TX	75039
VP	Howard D. Wynn	222 West Las Colinas Blvd.	Irving	TX	75039
VP	Rory E. MacDowell	222 West Las Colinas Blvd.	Irving	TX	75039
T	Scott E. Messel	222 West Las Colinas Blvd.	Irving	TX	75039
VP	Renee J. Hornbaker	222 West Las Colinas Blvd.	Irving	TX	75039
CDP	Bernard G. Rethore	6533 East Maverick Rd	Paradise Valley	AZ	85253
S	Ronald F. Shuff	1605 Forest Vista Ct	Southlake	TX	76092
VP	Mark E. Vernon	222 West Las Colinas Blvd.	Irving	TX	75039
VP	George A. Shedlarski	222 West Las Colinas Blvd.	Irving	TX	75039