

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 27, 2001 8:00 am**  
**Secretary of State**

06-27-2001 90004 026 \*\*\*150.00

DOCUMENT # **827527**  
 1. Entity Name

FLOWSERVE CORPORATION

Principal Place of Business	Mailing Address
222 W.LAS COLINAS BLVD SUITE 1500 IRVING TX 75039	222 W.LAS COLINAS BLVD SUITE 1500 IRVING TX 75039

**772575**

2. Principal Place of Business	3. Mailing Address
222 W.LAS COLINAS BLVD	222 W.LAS COLINAS BLVD
Suite, Apt. #, etc. SUITE 1500	Suite, Apt. #, etc. SUITE 1500

DO NOT WRITE IN THIS SPACE

City & State IRVING TX	City & State IRVING TX	4. FEI Number 31-0267900	Applied For Not Applicable
Zip 75039	Country USA	Zip 75039	Country USA
6. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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

7. Name and Address of New Registered Agent  
 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, 2001 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 NAME STREET ADDRESS CITY - ST - ZIP	P C. SCOTT GREER 222 W. LAS COLINAS BLVD. IRVING TX 75039 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GEORGE A. SHEDLARSKI 222 W. LAS COLINAS BLVD IRVING TX 75039 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RICK L. JOHNSON 222 W. LAS COLINAS BLVD. IRVING TX 75039 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RENEE J. HORNBAKER 222 W. LAS COLINAS BLVD IRVING TX 75039 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RONALD F. SHUFF 222 W. LAS COLINAS BLVD. IRVING TX 75039 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CHERYL D. MCNEAL 222 W. LAS COLINAS BLVD IRVING TX 75039 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIANE C. HARRIS 222 W. LAS COLINAS BLVD. IRVING TX 75039 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HOWARD D. WYNN 222 W. LAS COLINAS BLVD IRVING TX 75039 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHARLES RAMPACEK 222 W. LAS COLINAS BLVD. IRVING TX 75039 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JOHN B. NOWLIN 222 W. LAS COLINAS BLVD IRVING TX 75039 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JAMES O. ROLLANS 222 W. LAS COLINAS BLVD. IRVING TX 75039 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RORY E. MACDOWELL 222 W. LAS COLINAS BLVD IRVING TX 75039 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: John B. Nowlin JOHN B. NOWLIN 6/19/01 972-443-6500  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)



Attachment  
# 827527  
770575

June 20, 2001

Division of Corporations  
Uniform Business Report Filing  
PO Box 1500  
Tallahassee, FL 32302-1500

Re: Flowserve Corporation, Inc.  
FEI Number: 31-0267900  
2001 Uniform Business Report

Dear Sir or Madam:

Enclosed is the 2001 Uniform Business Report for Flowserve Corporation with a check for the \$150 filing fee.

The preprinted form has our previous address and was not forwarded to the corporate tax department prior to the May 1, 2001 due day. We respectfully request that any late filing penalties be waived due to reasonable cause.

The correct mailing address has been entered in Section 2 of the form.

If there are questions please call Robert Skeen at 972-443-6599.

Sincerely,

Jamie Wheeler  
Tax Compliance Director

Enclosures