

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

FILED  
Apr 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 835729 (5)  
1. Corporation Name  
GARLOCK, INC.



Principal Place of Business  
C/O COLTEC INDUSTRIES INC  
2550 W TYVOLA RD  
CHARLOTTE NC 28217  
US

Mailing Address  
C/O COLTEC INDUSTRIES INC  
2550 W TYVOLA RD  
CHARLOTTE NC 28217  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	C/O Coltec Ind Inc (Tax Dept)	01/27/1976	
22	City & State	27	2550 West Tyvola Rd	4. FEI Number	
23	Zip	28	Charlotte NC	13-2838953	
24	Country	29	28217	Applied For	
25		30	USA	Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
85	Zip Code

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BURDLIS, MICHAEL J	
STREET ADDRESS	3 COLISEUM CTR, 2550 W TYVOLA RD	
CITY-ST-ZIP	CHARLOTTE NC 28217	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ANDOLINO, JOSEPH F	
STREET ADDRESS	3 COLISEUM CENTRE, 2550 WEST TYVOLA RD	
CITY-ST-ZIP	CHARLOTTE NC 28217	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HARRISON, DAVID P	
STREET ADDRESS	3 COLISEUM CTR, 2550 W TYVOLA RD	
CITY-ST-ZIP	CHARLOTTE NC 28217	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TUBBS, ROBERT J	
STREET ADDRESS	3 COLISEUM CENTRE, 2550 WEST TYVOLA RD	
CITY-ST-ZIP	CHARLOTTE NC 28217	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3 Coliseum Ctr, 2550 W Tyvola Rd
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Joseph F. Andolino
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	David D. Harrison
3.3 STREET ADDRESS	3 Coliseum Ctr, 2550 W Tyvola Rd
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

CR2E034 (10/97)