## 840221

| (Re                     | questor's Name)           |             |
|-------------------------|---------------------------|-------------|
| (Ad                     | dress)                    |             |
| (Ad                     | dress)                    |             |
| (Cit                    | y/State/Zip/Phone         | e #)        |
| PICK-UP                 | ☐ WAIT                    | MAIL        |
| (Bu                     | si <b>ness</b> Entity Nar | me)         |
| (Do                     | cument Number)            | <del></del> |
| Certified Copies        | Certificates              | s of Status |
| Special Instructions to | Filing Officer:           |             |
|                         |                           |             |
|                         |                           |             |
|                         |                           |             |
|                         |                           |             |

Office Use Only



100065903911

02715706~-01653~0003 \*\*35 90

FILED
06 FEB 15 PH 2: 48
SECRETARY OF STATE
SECRETARY OF STATE

7Anh9



## **FILING REQUEST**

February 9, 2006

## FLORIDA SECRETARY OF STATE

Type of Filing:

**CHANGE OF AGENT** 

Subject(s):

PENTAIR FILTRATION, INC.

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED OFFICE / AGENT

Supporting Document(s):

NONE

Check Enclosed:

YES - CHECK# 21793 FOR \$ 35.00

Return Via:

**REGULAR MAIL - SASE ATTACHED** 

Filing Method:

**ASAP** 

PLEASE RETURN TO:

PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

**Melissa Hobbs** 

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| change is submi                | provisions of sections 607.0502, 617.0502, 607<br>tted for a corporation organized under the laws   | of the State of Delaware  | s statement of<br>in order                       |
|--------------------------------|---|---|--|
| to change its reg              | ristered office or registered agent, or both, in the  | e State of Florida.   |  |
| 1. The name of t               | he corporation: Pentair Filtration, Inc.  |   |  |
| 2. The principal               | office address: 502 Indiana Ave., Sheboygan   | , WI 53082  |  |
| 3. The mailing a               | ddress (if different): 5500 Wayzata Blvd, Sui   | te 800, Golden Valley, MN 55416   |  |
| 4. Date of incorp              | poration/qualification: 3/16/1978   | Occument number: 840221   |  |
|                                | street address of the current registered agent an timent of State:  | d registered office on file with the  |  |
|                                | CT Corporation System   |   |  |
|                                | 1200 South Pine Island Road   |   |  |
|                                | Plantation, FL 33324  |   |  |
| 6. The name and (if changed):  | I street address of the new registered agent (if ch   | anged) and /or registered office  | OFFER 15 PH C.                                   |
|                                | NRAI Services, Inc.   |   | EB 15 P  |
|                                | 2731 Executive Park Drive, Suite 4  |   | SEE.   |
|                                | (P.O. Box or personal mailbox N   | IOT acceptable)   | FLST   |
|                                | Weston, FL 33331  |   | TATE   |
| The street addre               | ess of its registered office and the street addres identical.   | s of the business office of its registered  | d agent, as                                      |
| Such change with board, or the | es authorized by resolution duly adopted by its<br>e corporation has been notified in writing of the  | s board of directors or by an officer so he change.   | authorized by                                    |
|                                | Signature of an officer or director)  | Louis L. Ainsworth, Secretary (Printed or typed name and title  | <del>,</del>                                     |
| been noujieu in                | the appointment as registered agent and agre<br>to comply with the provisions of all statutes re<br>a familiar with and accept the obligation of my<br>ely to reflect a change in the registered office of<br>writing of this change. | e to act in this capacity,<br>lative to the proper and complete perf<br>position as registered agent. Or, if the<br>address, I hereby confirm that the corp | ormance of my<br>nis document is<br>poration has |
| NRAI Services                  | (Signature of Registered Agent)   | 2/9/2000<br>(Date)  | <u> </u>   |
| If signing on be               | chalf of an entity:   |   |  |
| Melissa Hobbs                  |   | Assistant Secretary   |  |
|                                | (Typed or Printed Name)   | (Capacity)  |  |

\* \* \* FILING FEE: \$35.00 \* \* \*