2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008
Secretary of State

DOCUMENT# 840221

Entity Name: PENTAIR FILTRATION, INC.

Current Principal Place of Business:

502 INDIANA AVE.
SHEBOYGAN, WI 53082 US

New Principal Place of Business:

Current Mailing Address:

5500 WAYZATA BLVD
SUITE 800
GOLDEN VALLEY, MN 55416 US

New Mailing Address:

FEI Number: 13-4923320 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: CATHCART, RICHARD J
Address: 5500 WAYZATA BOULEVARD, SUITE 800
City-St-Zip: GOLDEN VALLEY, MN 55416 US

Title: P ( ) Delete
Name: ABBOTT, JOHN S
Address: 5500 WAYZATA BOULEVARD, SUITE 800
City-St-Zip: GOLDEN VALLEY, MN 55416 US

Title: S ( ) Delete
Name: AINSWORTH, LOUIS L
Address: 5500 WAYZATA BOULEVARD, SUITE 800
City-St-Zip: GOLDEN VALLEY, MN 55416 US

Title: T ( ) Delete
Name: MEYER, MICHAEL G
Address: 5500 WAYZATA BOULEVARD, SUITE 800
City-St-Zip: GOLDEN VALLEY, MN 55416 US

Title: AS ( ) Delete
Name: LAGESON, ANGELA D
Address: 5500 WAYZATA BOULEVARD, SUITE 800
City-St-Zip: GOLDEN VALLEY, MN 55416

Title: VP ( ) Delete
Name: DESMOND, NEIL
Address: 502 INDIANA AVENUE
City-St-Zip: SHEBOYGAN, WI 53082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: SCHROCK, MICHAEL V
Address: 5500 WAYZATA BOULEVARD, SUITE 800
City-St-Zip: GOLDEN VALLEY, MN 55416 US

Title: P (X) Change ( ) Addition
Name: DEMPSEY, JACK J
Address: 5500 WAYZATA BOULEVARD, SUITE 800
City-St-Zip: GOLDEN VALLEY, MN 55416 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL G. MEYER T 03/05/2008

Electronic Signature of Signing Officer or Director Date