

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

FILED

**Jan 23 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 843752 (7)

1. Corporation Name
PALL CORPORATION



Principal Place of Business 2200 NORTHERN BLVD EAST HILLS NY 11548	Mailing Address 2200 NORTHERN BLVD EAST HILLS NY 11548
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

3. Date Incorporated or Qualified 07/20/1979	
4. FEI Number 11-1541330	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <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

**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301**

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 _____ DATE _____
Signature typed or printed name of registered agent and location applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KRASNOFF, ERIC	
STREET ADDRESS	2200 NORTHERN BLVD	
CITY-ST-ZIP	EAST HILLS NY	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SCHWARTZMAN, PETER	
STREET ADDRESS	2200 NORTHERN BLVD	
CITY-ST-ZIP	EAST HILLS NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PALL, DAVID B	
STREET ADDRESS	2200 NORTHERN BLVD	
CITY-ST-ZIP	EAST HILLS NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WILLIAMS, DEREK	
STREET ADDRESS	2200 NORTHERN BLVD.	
CITY-ST-ZIP	EAST HILLS NY 11548	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAYWARD-SURRY, JEREMY	
STREET ADDRESS	2200 NORTHERN BLVD	
CITY-ST-ZIP	EAST HILLS NY	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	NICHOLLS, DONALD	
STREET ADDRESS	2200 NORTHERN BLVD	
CITY-ST-ZIP	EAST HILLS NY 11548	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	MARY ANN BARILETT
23 STREET ADDRESS	2200 NORTHERN BLVD
24 CITY-ST-ZIP	EAST HILLS, N.Y. 11548
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	800002411178
53 STREET ADDRESS	-01/26/98--01012--029
54 CITY-ST-ZIP	***158.75
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	JOHN ADAMOVICH
63 STREET ADDRESS	2200 NORTHERN BLVD
64 CITY-ST-ZIP	EAST HILLS, NY 11548

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.

SIGNATURE *Mary Ann Barillett* DATE *1/23/98* (S) 1104-500

CR2E034 (10/97)