

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2007 8:00 am
Secretary of State

06-28-2007 90001 003 ***550.00

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1. Entity Name
PALL CORPORATION



Principal Place of Business
2200 NORTHERN BLVD
EAST HILLS, NY 11548

Mailing Address
2200 NORTHERN BLVD
EAST HILLS, NY 11548

40122030

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06132007

Chg-P

CR2E034 (12/06)

4. FEI Number

11-1541330

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME KRASNOFF, ERIC
STREET ADDRESS 2200 NORTHERN BLVD
CITY-ST-ZIP EAST HILLS, NY 11548

TITLE DP ☒ Delete
NAME WILSON, MARCUS
STREET ADDRESS 2200 NORTHERN BLVD
CITY-ST-ZIP EAST HILLS, NY 11548

TITLE S ☐ Delete
NAME BARTLETT, MARY ANN
STREET ADDRESS 2200 NORTHERN BLVD
CITY-ST-ZIP EAST HILLS, NY 11548

TITLE CFOT ☐ Delete
NAME MCDERMOTT, LISA
STREET ADDRESS 2200 NORTHERN BLVD
CITY-ST-ZIP EAST HILLS, NY 11548

TITLE COO ☐ Delete
NAME STEVENS, DONALD
STREET ADDRESS 2200 NORTHERN BLVD
CITY-ST-ZIP EAST HILLS, NY 11548

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #