

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2005 8:00 am**  
**Secretary of State**

02-15-2005 90025 043 \*\*\*150.00

**DOCUMENT # F04000003509**

1. Entity Name

CLARCOR AIR FILTRATION PRODUCTS, INC.



Principal Place of Business

2323 SIXTH STREET  
ROCKFORD IL 61104

Mailing Address

P.O. BOX 7007  
ROCKFORD IL 61125-7007

40010030



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3807 Bishop Lane

Suite, Apt. #, etc.

3. Mailing Address

840 Crescent Centre Drive

Suite, Apt. #, etc.

600

City & State

Louisville, KY

City & State

Franklin, TN

Zip

40232

Country

USA

Zip

37067

Country

USA

4. FEI Number

61-0658180

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME TUMM, JEFFREY C  
STREET ADDRESS 2323 6TH STREET  
CITY-ST-ZIP ROCKFORD IL 61104

TITLE VT ☐ Delete  
NAME KLEIN, BRUCE A  
STREET ADDRESS 2323 6TH STREET  
CITY-ST-ZIP ROCKFORD IL 61104

TITLE VS ☐ Delete  
NAME BOYD, DAVID J  
STREET ADDRESS 2323 SIXTH STREET  
CITY-ST-ZIP ROCKFORD IL 61104

TITLE VAS ☐ Delete  
NAME BLAYLOCK, MARCIA S  
STREET ADDRESS 2323 SIXTH STREET  
CITY-ST-ZIP ROCKFORD IL 61104

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 840 Crescent Centre Dr., Ste. 600  
CITY-ST-ZIP Franklin, TN 37067

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 840 Crescent Centre Dr., Ste. 600  
CITY-ST-ZIP Franklin, TN 37067

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 840 Crescent Centre Dr., Ste. 600  
CITY-ST-ZIP Franklin, TN 37067

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 840 Crescent Centre Dr., Ste. 600  
CITY-ST-ZIP Franklin, TN 37067

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 exemption stated in Section 119.07(3)(i), 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

*Marcia Blaylock*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(615) 771-3157