2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# F04000006838

Entity Name: FRANKLIN PUMP SYSTEMS, INC.

Current Principal Place of Business:

12401 INTERSTATE 30
LITTLE ROCK, AR 72209

New Principal Place of Business:

Current Mailing Address:

% TAX DEPARTMENT
400 E. SPRING ST.
BLUFFTON, IN 46714

New Mailing Address:

FEI Number: 20-1589814 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: P ( ) Delete
Name: TRUMBULL, R S
Address: 400 E. SPRING ST.
City-St-Zip: BLUFFTON, IN 46714 US

Title: VP ( ) Delete
Name: CROSE, DAN
Address: 400 E. SPRING ST.
City-St-Zip: BLUFFTON, IN 46714 US

Title: TR ( ) Delete
Name: BUTCHKO, M K
Address: 400 E. SPRING ST.
City-St-Zip: BLUFFTON, IN 46714 US

Title: D ( ) Delete
Name: TRUMBULL, R S
Address: 400 E. SPRING ST.
City-St-Zip: BLUFFTON, IN 46714 US

Title: D ( ) Delete
Name: SENGSTACK, G C
Address: 400 E. SPRING ST.
City-St-Zip: BLUFFTON, IN 46714 US

Title: D ( ) Delete
Name: STRUPP, T J
Address: 400 E. SPRING ST.
City-St-Zip: BLUFFTON, IN 46714 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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 K. BUTCHKO TR 04/15/2008
Electronic Signature of Signing Officer or Director Date