2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007444

Entity Name: INGERSOLL-RAND INDUSTRIAL REFRIGERATION, INC.

FILED Apr 20, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
	CHARLES RO DN, MO 63044	CK ROAD				
Current M	ailing Addres	s:	New Mailing Address:			
12999 ST.	SOLL-RAND CO CHARLES RO DN, MO 63044					
FEI Number:	95-4093874	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of I	New Registered Agent:	
1200 SOU	PORATION SYS TH PINE ISLAN ON, FL 33324					
	named entity s e of Florida.	ubmits this statement for the	purpose of changing it	ts registered o	office or registered agent, or bot	h,
SIGNATUR	RE:					_
	Electroni	c Signature of Registered Ag	jent		Date	
Election Car	npaign Financing	Trust Fund Contribution ().				
OFFICERS	S AND DIRECT	ORS:	ADDITION	S/CHANGES	TO OFFICERS AND DIRECTO	DRS:
Title: Name: Address: City-St-Zip:	KURLAND, LARI	RLES ROCK ROAD	Title: Name: Address: City-St-Zip:	() Change()Addition	
Title: Name: Address: City-St-Zip:	D () NACHTIGAL, PA 155 CHESTNUT MONTVALE, NJ	RIDGE ROAD	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	SD () SANTORO, BAR 155 CHESTNUT MONTVALE, NJ	RIDGE ROAD	Title: Name: Address: City-St-Zip:	() Change()Addition	
Title: Name: Address: City-St-Zip:	SHAWLEY, STE	RLES ROCK ROAD	Title: Name: Address: City-St-Zip:	TEIRLINCK, DI	ARLES ROCK ROAD	
Title: Name: Address: City-St-Zip:	BLASE, MARIA	RLES ROCK ROAD	Title: Name: Address: City-St-Zip:	BLASE, MARIA	ARLES ROCK ROAD	
Title: Name: Address: City-St-Zip:	HOSTETLER, B	RLES ROCK ROAD	Title: Name: Address: City-St-Zip:	PETITO, EILE	ARLES ROCK ROAD	
م م در ما ما ما	عبرا بالالاسالارعاس		ing dage net avality to		on stated in Chapter 110. Elevida	

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: PETITO, EILEEN VPAS 04/20/2009