Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION

ITT Goulds Pumps, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ITT Goulds Pumps, Inc.	
	ration - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation" Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact by	on for Authorization to Transact Business in Florida," d Standing" and check are submitted to register the business in Florida.
Please return all correspondence concerning this i	natter to the following:
Nan	ne of Person
Firm	/Company
	Address
	ate and Zip code
alisa.wisse@itt.com E-mail address: (to be a	used for future annual report notification)
For further information concerning this matter, ple	,
at ()
Name of Person Area	Code Daytime Telephone Number
STREET/COURTER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	_	(Registe	ered agent's si	gnature)		
	_	By: Willia Kama	pra	Michele Lamagna Assistant Secretary		
de: fui	signated in this rther agree to c	ned as registered agent and to accept a application, I hereby accept the appl comply with the provisions of all statu familiar with and accept the obligatio	ointment as ites relative i	registered agent and agree to the proper and complete	to act in this capac	city. I
9.	Registered ag	ent's acceptance:			हिंगी क	
		(City)	•	(Zip code)	07 9	,
	•	Plantation	, r	lorida 33324		\Box
Of	fice Address:	1200 South Pine Island Road			29 .SSEE	ſΠ
	Name:	C T Corporation System				<u> </u>
8.	Name and stree	et address of Florida registered agent:	(P.O. Box	NOT_acceptable)	SECNE SECNE	
•		(Current n	nailing addres	s, if different)		
	same	`	• ,			
7	1133 Westcheste	r Avenue, White Plains, NY 10604	rincipal office	address)		
		(SEE SECTIONS 607.1501 & 6)	
6.	Upon Qualifica	tion (Date first transacted busin	and in Elevide	if prior to undistration		
7.		of incorporation)	_ 5	(Date of duration, if other th	an perpetual)	
4	02/26/2004	,	5 Perpetu		•	
2.	(State or count)	ry under the law of which it is incorporated	3, <u>_14-196:</u> 1)	(FEI number, if appli	icable)	
		able in Florida, enter alternate corporate n	•	-	business in Florida)	
	ino., co., c	onp, me, co, or corp.)				
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc.," "Co," or "Corp.")			;			
1.	ITT Goulds Put	mps, Inc.				

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

S OF THE STATE OF

11. Names and business addresses of officers and/or directors:

A. DIRECTORS	
Chairman: SEE ATTACHMENT	90% 6
Address:	<u> </u>
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: SEE ATTACHMENT	
Address:	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers a	nd/or directors.
12. Alon Many Signature of Director or Officer	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that	the facts stated herein
are true and that he or she is aware that false information submitted in a document to the Departm a third degree felony as provided for in s.817.155, F.S.	
A MINT A ABLEA TAINTY IN NO 1100M YOU WE SIGN 1 100 AS 4 101	

13. Lori B. Marino, Vice President

(Typed or printed name and capacity of person signing application)

ITT Goulds Pumps, Inc.
1133 Westchester Avenue, White Plains, NY 10604
Directors & Officers

	Je sa	
Rick Buggy	Director	1133 Westchester Avenue, White Plains, NY 10604
Aris C. Chicles	Director	1133 Westchester Avenue, White Plains, NY 10604
Steven Giuliano	Director	1133 Westchester Avenue, White Plains, NY 10604
Aris C. Chicles	President	1133 Westchester Avenue, White Plains, NY 10604
Kimberly A. Acker	Vice President and Assistant Treasurer of FRC	240 Fall Street, Seneca Falls, NY 13148
Daryl R. Bowker	Vice President and Assistant Treasurer of FRC	240 Fall Street, Seneca Falls, NY 13148
Richard Buggy	Vice President, Treasurer and Controller	1133 Westchester Avenue, White Plains, NY 10604
Lori B. Marino	Vice President and Assistant Secretary	1133 Westchester Avenue, White Plains, NY 10604
Michael J. Savinelli	Vice President, Tax and Assistant Treasurer	1133 Westchester Avenue, White Plains, NY 10604
Joanne Scalard	Vice President, General Counsel and Secretary	1133 Westchester Avenue, White Plains, NY 10604

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Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ITT GOULDS PUMPS, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF DECEMBER, A.D.

2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

SECRETARY OF STATE

3769660 8300 SR# 20151528450 Authentication: 10684642

Date: 12-24-15

You may verify this certificate online at corp.delaware.gov/authver.shtml