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Division of Corporations

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Florida Department of State
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FOREIGN PROFIT/NONPROFIT CORPORATION**Xomox PFT Corp.**

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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.

1. XOMOX PFT CORP.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. OH 3. 87-3798621
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/09/2021 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. 3/1/2022
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. c/o Crane Co., 100 First Stamford Place, Stamford, CT 06902
(Principal office street address)
- _____
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: C.T. Corporation System
- Office Address: 1200 South Pine Island Road
- Plantation FL 33324
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C.T. Corporation System, Jeanne Nelson, Asst. Secretary

By: _____

(Registered agent's signature)

Jeanne Nelson

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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A. DIRECTORS

☐ Chairman Name: Alejandro Alcala

☐ Vice Chairman Address: 100 First Stamford Place
Stamford, CT 06902

☒ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Richard A. Maue

☐ Vice Chairman Address: 100 First Stamford Place
Stamford, CT 06902

☒ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Anthony M. D'lorio

☐ Vice Chairman Address: 100 First Stamford Place
Stamford, CT 06902

☐ Director _____

☐ President _____

☒ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Anthony M. D'lorio

☐ Vice Chairman Address: 100 First Stamford Place
Stamford, CT 06902

☐ Director _____

☐ President _____

☐ Vice President _____

☒ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Edward S. Switter

☐ Vice Chairman Address: 100 First Stamford Place
Stamford, CT 06902

☐ Director _____

☐ President _____

☒ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Jori Sawan Jori Sawan
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 Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Jori Sawan - Secretary
(Typed or printed name and capacity of person signing application)

Xomox Pft Corp.

Alcala, Alejandro – Director – c/o Crane Co., 100 First Stamford Place, Stamford, CT 06902

Maue, Richard A. – Director – c/o Crane Co., 100 First Stamford Place, Stamford, CT 06902

D'lorio, Anthony M. – VP – c/o Crane Co., 100 First Stamford Place, Stamford, CT 06902

D'lorio, Anthony M. –Secretary – c/o Crane Co., 100 First Stamford Place, Stamford, CT 06902

Switter, Edward S. – VP - c/o Crane Co., 100 First Stamford Place, Stamford, CT 06902

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show XOMOX PFT CORP., an Ohio corporation, Charter No. 4771377, having its principal location in Cincinnati, County of Hamilton, was incorporated on November 9, 2021 and is currently in GOOD STANDING upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 9th day of March, A.D. 2022.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202206805496