2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9400002397 1. Entity Name FLOW INTERNATIONAL CORPORATION				Secretary of State 07-31-2001 90226 027 ***550.00			
Principal Place of Business 23500-64TH AVE SO ATTN: LEGAL DEPT KENT WA 98032 US		Mailing Address 23500-64TH AVE SO ATTN: LEGAL DEPT KENT WA 98032 US					
2. Principal Place of Business		3. Mailing Address) 1 00411 anii: Bath abhi saks ha	TD 1911# emetr lone, lone,	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number 91-11	04842	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status D		5 Additional lequired	
	6. Name and Address of Current R	egistered Agent	Name	7. Name and Address o	f New Registered Agent		
1201 HAY				Street Address (P.O. Box Number is Not Acceptable)			
TALLAHAS -	SSEE FL 32301		City	<u>.</u>	FL Zip Code		
Tax filing r	Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so. ia on back)	FILE NOW!! After September 12	Registered Agent signature requirements: PEE IS \$550.00 2001 Fee will be \$75 te to Department of S	10. Election Camp	· · · —	\$5.00 May Be Added to Fees	
11.	OFFICERS AND D	RECTORS	12.	ADDITIONS/CHANGES	TO OFFICERS AND DIRE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Tarrant, Ronald W 23500-64th Ave., So. Kent wa 98032	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		c	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Prentice, Arlen 1000 Plaza 600 BlDG Seattle Wa	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORNTON, DEAN 23500-64TH AVE., SO. KENT WA 98032	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO REICHENBACH, STEVE 23500-64TH AVE., SO. KENT WA 98032	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition	
indicated of the co	certify that the information supplied with I on this report or supplemental report is rporation or the receiver or trustee empor , or on an attachment with an address, w	true and accurate and that m wered to execute this report					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/01 (253) 850-350