## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # F9500006130

1. Corporation Name

GOULDS PUMPS (IPG), INC.

Principal Place of Business

Mailing Address

300 WILLOWBROOK OFFICE PARK

300 WILLOWBROOK OFFICE PARK

## May 05, 1999 8:00 am Secretary of State

05-05-1999 90163 006 \*\*\*150.00



FAIRPORT NY	14450	FAIRPORT NY 14450	, ,,,,,,		İ		
					DO NOT WRITE IN THIS SPACE		
					Date Incorporated or Qualifed		
		,			12/15/1995		
2. Principal P	Place of Business	2a. Mailing Address	auce de	ں سے	4. FEI Number Applied For		
	EAST BAYARD ST	26 Clo ITTINE	143111	E5, / N	10.11000		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	D DAK	( CAN	S. Certificate of Status Desired   5. Certificate of Status Desired   Fee Required		
City & State City & State				1	6. Election Campaign Financing \$5.00 May Be		
23 SENECA FALLS, NY 28 WITTE PLANA Zip Country Zip			115	N.Y.	Trust Fund Contribution Added to Fees		
Zip	Country		Country	<i>,</i>	8. This corporation owes the current year Intangible		
24 131	δ <sub>25</sub>	29 / 060 3	0		Personal Property Tax.  Yes No		
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
0 T	CORRORATION OVOTERA		81	Name	e		
C T CORPORATION SYSTEM			82	82 Street Address (P.O. Box Number is Not Acceptable)			
1200 SOUTH PINE ISLAND ROAD			-	0000	a. Address (1.10), But Hallings to Hotel Hosephanis,		
PLA	NTATION FL 33324		83				
					22.0		
			84	City	FL 85 Zip Code		
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorized</li> </ol>				the corpo	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered		
agent. í a	m familiar with, and accept the obligation	ns of, Section 607.0505, Florid	a Statutes		· · · · · · · · · · · · · · · · · · ·		
SIGNATURE							
	Signature, typed or printed name of registered agent a OFFICERS AND		<u> </u>	nt signature r	e required when reinstating) DATE		
TITLE	PD OFFICERS AND	DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PRESIDENT		
NAME	STEENBURGH, ERIC L	DECENT.	1.2 NAME		LABREC QUE, RICHARD J.		
	300 WILLOWBROOK OFFICE PA	DIV			A A A A A A A A A A A A A A A A A A A		
STREET ADDRESS	FAIRPORT NY 14450	nn .		TADDRESS	,o		
CITY-ST-ZIP TITLE	SD SD	<b>™</b> DELETE	14 CITY-S	T-ZIP	UPPER SADDLE RIVER, N. J. 07432  VICE PRESIDENT Grange MAddition		
		DELETE.	2.1 TITLE		-		
NAME	TOMAINO, MICHAEL T	DV.	2.2 NAME	j	AMERS, ROBERT L.		
STREET ADDRESS	300 WILLOWBROOK OFFICE PA	MN.		r address			
CITY-ST-ZIP	FAIRPORT NY 14450	■ DELETE	2.4 CITY-5	IT-ZIP	SENECA FALLS, N.Y. 13148		
TITLE	COUNTEDEL CARY O	CR DECETE	3.1 TITLE	l	VICE PRESIDENT ASSIT SEC. Change Addition		
NAME	SCHMIEDEL, CARY G	<b>D</b> ic	3.2 NAME		POWERS, RICHARD W.		
STREET ADDRESS	300 WILLOWBROOK OFFICE PA	HK	1	ADDRESS			
CITY-ST-ZIP	FAIRPORT NY 14450		3.4. CITY- 9	T-ZIP	WHITE PLAINS, N.Y. 10604		
TITLE	AT	DELETE	4.1 TITLE		☐ Change ☐ Addition		
NAME	DIROMA, DAVID	<u></u>	4.2 NAME				
STREET ADDRESS	300 WILLOWBROOK OFFICE PA	RK	4.3 STREET	ADDRESS	s		
CITY-ST-ZIP	FAIRPORT NY 14450		4.4 CITY-S	Γ- <i>2</i> 1Ρ			
TITLE	D	<b>™</b> DELETE	5.1 TITLE		☐ Change ☐ Addition		
NAME	MURPHY, JOHN P		5.2 NAME				
STREET ADDRESS	300 WILLOWBROOK OFFICE PA	RK	5.3 STREET	ADDRESS	S		
CITY-ST-ZIP	FAIRPORT NY 14450		5.4 CITY-S	r-ZIP			
TITLE	AS	DELETE	6.1 TITLE		☐ Change ☐ Addition		
NAME	Posner, Bert S.		6.2 NAME	1			
STREET ADDRESS	4 WEST RED OAK LANE		6.3 STREET	ADDRESS	s		
CITY-ST-ZIP	WHITE PLAINS NY 10604	•	6.4 CITY- \$1	r-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attactment with an address, with all other like empowered.

SIGNATURE: