

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000006130

1. Entity Name

GOULDS PUMPS (IPG), INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90052 017 ***150.00

Principal Place of Business

2881 E BAYARD ST
SENECA FALLS NY 13148
US

Mailing Address

C/O ITT INDUSTRIES INC
4 WEST RED OAK LANE
WHITE PLAINS NY 10604-3603

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 16-1489901

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME LABRECQUE, RICHARD J
STREET ADDRESS 10 MOUNTAIN VIEW RD
CITY-ST-ZIP UPPER SADDLE RIVER NJ 07432 ☒ Delete

TITLE VP
NAME AYERS, ROBERT L
STREET ADDRESS 2881 E BAYARD ST
CITY-ST-ZIP SENECA FALLS NY 13148 ☒ Delete

TITLE VPAS
NAME POWERS, RICHARD W
STREET ADDRESS 4 WEST RED OAK LANE
CITY-ST-ZIP WHITE PLAINS NY 10604 ☐ Delete

TITLE AT
NAME DIROMA, DAVID
STREET ADDRESS 300 WILLOWBROOK OFFICE PARK
CITY-ST-ZIP FAIRPORT NY 14450 ☒ Delete

TITLE D
NAME MURPHY, JOHN P
STREET ADDRESS 300 WILLOWBROOK OFFICE PARK
CITY-ST-ZIP FAIRPORT NY 14450 ☒ Delete

TITLE AS
NAME POSNER, BERT S.
STREET ADDRESS 4 WEST RED OAK LANE
CITY-ST-ZIP WHITE PLAINS NY 10604 ☒ Delete

TITLE P
NAME Robert Ayers
STREET ADDRESS 10 Mountainview Rd.
CITY-ST-ZIP Upper Saddle River, NJ 07432 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AT
NAME Frederick G. Rudmann
STREET ADDRESS 240 Fall Street
CITY-ST-ZIP Seneca Falls, NY 13148 ☒ Change ☐ Addition

TITLE D
NAME Leon G. Krasinski
STREET ADDRESS 10 Mountainview Rd.
CITY-ST-ZIP Upper Saddle River, NJ 07432 ☒ Change ☐ Addition

TITLE AS
NAME Karil Nowak
STREET ADDRESS 4 West Red Oak Lane
CITY-ST-ZIP White Plains, NY 10604 ☒ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Karil Nowak

KARIL NOWAK

4/25/2000

(914)641-2133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)