2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000006130

Entity Name: GOULDS PUMPS (IPG), INC.

FILED Apr 19, 2007 Secretary of State

Current Principal Block of Business				New Principal Place of Rusiness		
Current Principal Place of Business: New Principal Place of Business: 2881 E BAYARD ST SENECA FALLS, NY 13148 US						
Current Mailing Address:				New Mailing Address:		
C/O ITT INDUSTRIES INC 4 WEST RED OAK LANE WHITE PLAINS, NY 10604			C/O ITT CORPORATION 4 WEST RED OAK LANE WHITE PLAINS, NY 10604			
FEI Number:	El Number: 16-1489901 FEI Number Applied For () FEI Number		FEI Num	nber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and A					Address of N	lew Registered Agent:
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US The above pared entity submits this statement for the purpose of changing its registered effice or registered egent, or both						
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.						
SIGNATUR	E:					
	Electronic	Signature of Registered Agent	:			Date
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () E TAYLOR, WILLIA 2881 EAST BAYA SENECA FALLS,	ARD ST		Title: Name: Address: City-St-Zip:	()) Change ()Addition
Title: Name: Address: City-St-Zip:	AT () E RUDMANN, FREI 2881 E BAYARD SENECA FALLS,	ST		Title: Name: Address: City-St-Zip:	VPT (X) WU, THOMAS (2881 E BAYAR SENECA FALLS	D ST
Title: Name: Address: City-St-Zip:	D () E LANG, MARK 1650 TYSONS B MCLEAN, VA 22	· ·		Title: Name: Address: City-St-Zip:	PEIFFER, CHA 10 MOUNTAIN	
Title: Name: Address: City-St-Zip:	D/VP () E KELLY, DANIEL S 4 WEST RED OA WHITE PLAINS, I	S .K LANE		Title: Name: Address: City-St-Zip:	()) Change ()Addition
Title: Name: Address: City-St-Zip:	ATAS () E TZORTZATOS, M 4 WEST RED ON WEST HARRISO	IE LANE		Title: Name: Address: City-St-Zip:	ATAS (X) TZORTZATOS, 4 WEST RED C WHITE PLAINS	ONE LANE
Title: Name: Address: City-St-Zip:	ATAS ()[CAREY, VINCEN 4 WEST RED OA WEST HARRISO	K LANE		Title: Name: Address: City-St-Zip:	ATAS (X) CAREY, VINCE 4 WEST RED C WHITE PLAINS	DAK LANE

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA TZORTZATOS ATAS 04/19/2007