

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000006130

FILED
Apr 17, 2008
Secretary of State

Entity Name: GOULDS PUMPS (IPG), INC.

Current Principal Place of Business:

2881 E BAYARD ST
SENECA FALLS, NY 13148 US

New Principal Place of Business:

Current Mailing Address:

C/O ITT CORPORATION
4 WEST RED OAK LANE
WHITE PLAINS, NY 10604

New Mailing Address:

FEI Number: 16-1489901 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TAYLOR, WILLIAM E
Address: 2881 EAST BAYARD ST
City-St-Zip: SENECA FALLS, NY 13148

Title: VPT () Delete
Name: WU, THOMAS C
Address: 2881 E BAYARD ST
City-St-Zip: SENECA FALLS, NY 13148

Title: D () Delete
Name: PEIFFER, CHARLES D
Address: 10 MOUNTAINVIEW ROAD
City-St-Zip: UPPER SADDLE RIVER, NJ 07432

Title: DVP () Delete
Name: KELLY, DANIEL S
Address: 4 WEST RED OAK LANE
City-St-Zip: WHITE PLAINS, NY 10604

Title: ATAS () Delete
Name: TZORTZATOS, MARIA
Address: 4 WEST RED ONE LANE
City-St-Zip: WHITE PLAINS, NY 10604

Title: ATAS () Delete
Name: CAREY, VINCENT M
Address: 4 WEST RED OAK LANE
City-St-Zip: WHITE PLAINS, NY 10604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: KELLY, DANIEL S
Address: 4 WEST RED OAK LANE
City-St-Zip: WHITE PLAINS, NY 10604

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

04/17/2008

Electronic Signature of Signing Officer or Director

Date