

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F96000004211**

1. Corporation Name

**FAIRBANKS MORSE PUMP CORPORATION**

Principal Place of Business

PO BOX 10010  
STAMFORD CT 06904

Mailing Address

PO BOX 10010  
STAMFORD CT 06904

**FILED**  
**Jul 21, 1999 8:00 am**  
**Secretary of State**

07-21-1999 90015 010 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/16/1996**

4. FEI Number

**48-1004254**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

**21 700 Terrace Point Dr**

Suite, Apt. #, etc.

**22**

City & State

**23 Muskegon, MI**

Zip Country

**24 49440 25 USA**

2a. Mailing Address

**26 700 Terrace Point Dr**

Suite, Apt. #, etc.

**27**

City & State

**28 Muskegon, MI**

Zip Country

**29 49440 30 USA**

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE

NAME **KUCHARIK, J**

STREET ADDRESS **3475 PHEASANT CT.**

CITY-ST-ZIP **GENEVA IL 60134**

TITLE **V** ☒ DELETE

NAME **DARBUT, J**

STREET ADDRESS **905 EDDYSTONE CIRCLE**

CITY-ST-ZIP **NAPERVILLE IL 60565**

TITLE **V** ☒ DELETE

NAME **DICKENS, J L**

STREET ADDRESS **222 MONDOVI DR.**

CITY-ST-ZIP **OSWEGO IL 60543**

TITLE **V** ☒ DELETE

NAME **MARTIN, T D**

STREET ADDRESS **146 CENTRAL PARK W., #12G**

CITY-ST-ZIP **NEW YORK NY 10023**

TITLE **T** ☒ DELETE

NAME **MARTIMR, TERRY**

STREET ADDRESS **HIGH RIDGE PARK**

CITY-ST-ZIP **STAMFORD CT**

TITLE **AT** ☒ DELETE

NAME **DOHERTY, JAMES H**

STREET ADDRESS **1 HIGH RIDGE PARK**

CITY-ST-ZIP **STAMFORD CT**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☐ Change ☐ Addition

1.2 NAME **Patrick J. O'Leary**

1.3 STREET ADDRESS **700 Terrace Point Dr.**

1.4 CITY-ST-ZIP **Muskegon, MI 49440**

2.1 TITLE **DTVP** ☐ Change ☐ Addition

2.2 NAME **Arthur Cross**

2.3 STREET ADDRESS **700 Terrace Point Dr.**

2.4 CITY-ST-ZIP **Muskegon, MI 49440**

3.1 TITLE **DSVP** ☐ Change ☐ Addition

3.2 NAME **Christopher Kearney**

3.3 STREET ADDRESS **700 Terrace Point Dr.**

3.4 CITY-ST-ZIP **Muskegon, MI 49440**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 attachment with an address.

SIGNATURE:

**Christopher Kearney 7/15/99 2317245000**

CR2E034 (5/99)