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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F98000001109**

1. Corporation Name
PENTAIR PUMP GROUP, INC.



Principal Place of Business: 1500 COUNTY ROAD B2 WEST ST PAUL MN 55113-3105
 Mailing Address: 1500 COUNTY ROAD B2 WEST ST PAUL MN 55113-3105

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/20/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		41-1881858	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing	
24		25		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property Tax.	
25		29		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	LAVENDER, FRED	1.2 NAME	Michael Schrock
STREET ADDRESS	1500 COUNTY ROAD B2 WEST	1.3 STREET ADDRESS	1500 County Rd B2 West
CITY-ST-ZIP	ST PAUL MN	1.4 CITY-ST-ZIP	St. Paul MN
TITLE	S	2.1 TITLE	
NAME	REUB, ROY	2.2 NAME	Rueb, T Roy
STREET ADDRESS	1500 COUNTY ROAD B2 WEST	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PAUL MN	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	CATHCART, RICHARD	3.2 NAME	
STREET ADDRESS	1500 COUNTY ROAD B2 WEST	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PAUL MN	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	Vice President/Director
NAME	PELLEGRINO, THOMAS	4.2 NAME	
STREET ADDRESS	1500 COUNTY ROAD B2 WEST	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PAUL MN	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: R. T. Rueb Roy T. Rueb 1/22/99 651-636-7920

CR2E034 (11/98)