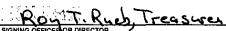
2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 21, 2000 8:00 am Secretary of State DOCUMENT # F9800001109 1. Entity Name PENTAIR PUMP GROUP, INC. 03-21-2000 90007 022 ***150.00 Mailing Address Principal Place of Business 1500 COUNTY ROAD B2 WEST 1500 COUNTY ROAD B2 WEST ST PAUL MN 55113-3105 ST PAUL MN 55113-3174 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 41-1881858 Not Applicable Zip Zip j Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Delete Change Addition SCHROCK, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 1500 COUNTY ROAD B2 WEST CITY-ST-ZIP CITY-ST-ZIP ST PAUL MN П Спалде ☐ Addition ☐ Delete TITLE TITLE NAME RUEB. T R NAME 1500 COUNTY ROAD B2 WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PAUL MN Change Addition TITLE ☐ Delete TITLE CATHCART, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 1500 COUNTY ROAD B2 WEST CITY-ST-7IP CITY-ST-ZIP ST PAUL MN ☐ Change Addition ☐ Delete TITLE PELLEGRINO, THOMAS NAME NAME STREET ADDRESS 1500 COUNTY ROAD B2 WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PAUL MN ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO



2/18/00

Daytime Phone #