

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91489 046 \*\*\*150.00

**DOCUMENT # F98000001109**

1. Entity Name  
**PENTAIR PUMP GROUP, INC.**

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

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**41-1881858**      Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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.

SIGNATURE \_\_\_\_\_ 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 Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<b>P</b> SCHROCK, MICHAEL	<b>1500 COUNTY ROAD B2 WEST</b>	<b>ST PAUL MN</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>STD</b> RUEB, T R	<b>1500 COUNTY ROAD B2 WEST</b>	<b>ST PAUL MN</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>DC</b> CATHCART, RICHARD	<b>1500 COUNTY ROAD B2 WEST</b>	<b>ST PAUL MN</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>V</b> PELLEGRINO, THOMAS	<b>1500 COUNTY ROAD B2 WEST</b>	<b>ST PAUL MN</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>AT</b> MEYER, MICHAEL G	<b>1500 COUNTY ROAD B2 WEST</b>	<b>SAINT PAUL MN 55113</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ASD</b> AINSWORTH, LOUIS L	<b>1500 COUNTY ROAD B2 WEST</b>	<b>SAINT PAUL MN 55113</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<b>SECRETARY</b>	<b>LOUIS L. AINSWORTH</b>	<b>1500 COUNTY RD B2W.</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>ST. PAUL, MN 55113</b>			
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<b>TREASURER</b>	<b>MICHAEL G. MEYER</b>	<b>1500 COUNTY RD B2W</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>ST. PAUL, MN 55113</b>			

13. 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 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]* **SECRETARY** **AINSWORTH, LOUIS L** **Corp. Tax Director**

Date: \_\_\_\_\_ Daytime Phone #: **651-636-7920**

CR2E034 (9/01)