2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

whee

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 22, 2004 8:00 am Secretary of State DOCUMENT # F98000001109 1. Entity Name 04-22-2004 90021 009 ***150 00 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 5500 Wayzata Blvd. Blvd 5500 Wayzata Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Ste. 800 Ste. 800 & State City & State 4. FEI Number Applied For 41-1881858 Golden Valley Golden Not Applicable Country \$8.75 Additional 55416 5. Certificate of Status Desired V 5<u>A</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New 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 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE Addition TITLE ☐ Change AINSWORTH, LOUIS L NAME NAME 5500 Wayzata Blvd. ste 800 STREET ADDRESS 1500 COUNTY ROAD B2 WEST STREET ADDRESS Goldenvalley HN CITY-ST-ZIP SAINT PAUL MN 55113 CITY-ST-ZIP DÇ ☐ Delete ☐ Change TITLE TITLE ☐ Addition CATHCART, RICHARD 5500 way cata Blvd. Ste 800 STREET ADDRESS 1500 COUNTY ROAD B2 WEST STREET ADDRESS CITY-ST-7IP ST PAUL MN CITY-ST-7IP TITLE Delete TITLE NAME MEYER, MICHAEL G NAME 5500 way zata Blud., ste, 800 -STREET ADDRESS 1500 COUNTY ROAD B2 WEST STREET ADDRESS CITY-ST-ZIP SAINT PAUL MN 55113 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. 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 t 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 10 or Block 11 if

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