C T CURPORATION SYS	2000	0303	30
	-	900002 ! -05/28 *****	53 31937 /9801065016 70.00 *****70.00
() Profit	Ochiane, I.	ent () Merge	PECEIVE 98 MAY 28 AM II
() Limited Liability () Foreign () Limited Partnership () Reinstatement () Limited Liability () Certified Copy	() Dissolutio () Annual Re () Fict. Fi	eport () Other ling () UCC-1	e of R.A.
() Cail When Ready Walk In () Mail Out	() Call if Prot () Will Wait	olem () After 4: Pick Up	
Name Availablity Document Examiner Updater Verifler	MAY 28 1998	Thanks, Me	elanie 925/7%
Acknowledgment W.P. Verifier CR2E031 (1-89)	. 	Melanie on Unis Melanie on Unis	DINSEGRETATIVED STATE OF MAY 28 PM 3: 02

5/15/98 ___

FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM

3:22

ELECTRONIC FILING COVER SHEET

(((H98000009247 1)))

TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4000

FROM: SMOOT ADAMS EDWARDS & GREEN, P.A.

ACCT#: 071600002745

CONTACT: HOPE DELORME

PHONE: (941)489-1776

FAX #: (941)489-2444

NAME: COCHRANE, INC.

DOC TYPE......FOREIGN PROFIT QUALIFICATION

CERT. OF STATUS...0

PAGES..... 2

CERT. COPIES.....1

DEL.METHOD.. FAX

EST.CHARGE.. \$122.50

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX

AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

DIVISION OF CORPORATE STATE OF CORPORATIONS OF CORPORATIONS

Client: Cochrane, Inc. File No.: No # yet Atty: 107 - SJH



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 18, 1998

SMOOT ADAMS EDWARD & GREEN PA

SUBJECT: COCHRANE INC.

REF: W98000011208

SECRETARY OF STATES OF BIVISION OF COUNTRIES.

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A brief description of the entity's nature of business must be included in the document.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please note that the document you submitted is a certified copy of articles, not a certificate of existence.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers Document Specialist FAX Aud. #: H98000009247 Letter Number: 498A00027520

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Cochrane _I	nc.					
	(Name of corporation: abbreviations of like in or partnership if not so	mport in language :	as will clearly indica				
2.	Delaware		5 et.	3	23–2865780		
	(State or country unde	er the law of which	it is incorporated)		(FEI number,	if applica	able)
4.	June 20, 199		5. Perpe		:		
	(Date of incorpo	ration)	(Dui	ation: Year corp. will	cease to exist or	"perpetu	ıal")
ô.						-	
	(Date first transacted	business in Florida	. (See sections 607	.1501, 607.1502, and	i 817.155, F.S.)	₩86	SEC
7.	800 Third Av	venue				AY 28	
	King ôf Prus	ssia, PA 19406				8 PM	
		(Current mailing	g address)			بب بب	PST PST
3.	Manufactures	s water and wa	stewater treat	ment products		02	
	(Purpose(s) of corpora Florida)	ition authorized in I	nome state or count	ry to be carried out in	the state of		
€.	Name and street ac	ldress of Florida	registered agent:				
	Name:	C T CORPORAT	ON SYSTEM				
	Office Address:	c/o C T Corporation	on System, 1200 Sc	outh Pine Island Roa	<u>d</u>		
		Plantation	, Florida,	33324 (Zip Code)			
te ui	Registered agent a aving been named as resignated in this application the agree to comply very an armitian with armitian with an armitian with armitian with armitian with armitian with armitian with armitian with a	egistered agent and ation. I hereby acce with the provisions of ad accept the obliga	ept the appointment of all statutes relative stion of my position	as registered agent are to the proper and case as registered agent.	and agree to act i complete performa	n this ca	pacity. I
			T CORPORATION tered agent's signat	N SYSTEM ure) (Officer)	· · · · · · · · · · · · · · · · · · ·		10 17 E
		Kimberly D	. Gilbertson,	Asst. Secy.			

(Type Name and Title of Officer)

- 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and addresses of officers and/or directors:

A.	DIRECTORS (Street address only - P.O. Box NOT acceptable)				
	Chairman:	_	_		
	Address:	_		y	
		_			
	Vice Chairman:	_			
	Address:				-
	Director: Paul Baldetti	<u>-</u>			
	Address:Crane Valves, 3201 Walnut Ave, Long Beach,	CA 908	307		
	Director: Hu Fleming	-	S.	<u>D</u>	 . . -
	Address: Cochrane, Inc. 800 Third Avenue		98 MAY	VISIO	<u>.</u>
	King of Prussia, PA 19406	- -	Y 28		17
В.	OFFICERS (Street address only - P.O. Box NOT acceptable)		7		-
	President: Hu Fleming	_	3: 02	S IV.	·
	Address: Cochrane, Inc. 800 Third Ave.	- . <u>-</u>	73	£ 23	
	King of Prussia, PA 19406			 	
	Vice President: D. Krasiewich	_			
	Address: Cochrane, Inc. 800 Third Ave			-	
	King of Prussia, PA 19406				
	AssistSecretary: T.J. Ungerland	.		٠.	
	Address: Crane Co. 100 First Stamford Place				
	Stamford, CT 06902				

Assist .Treas urer: <u>G. A. Dickoff</u>
Address:Crane_Co. 100 First Stamford Place
Stamford, CT 06902
NOTE: If necessary, you may attach an addendum to the application listing additional officer and/or directors. 13. (Signature of Chailman, Vice Chairman, or any officer listed in number 12 of the application)
Thomas J. Ungerland Assistant Secretary
(Typed or printed name and capacity of person signing application)

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COCHRANE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF MAY, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

HAVE BEEN PAID TO DATE





AUTHENTICATION:

DATE:

9093951

2517737 8300