

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2001 8:00 am
Secretary of State

06-27-2001 90005 024 ***150.00

DOCUMENT # **F99000000505**

1. Entity Name
FLOWERVE US INC

Principal Place of Business Mailing Address
222 W. LAS COLINAS BLVD 222 W. LAS COLINAS BLVD
SUITE 1500 SUITE 1500
IRVING TX 75039 IRVING TX 75039

2. Principal Place of Business 3. Mailing Address
222 W. LAS COLINAS BLVD 222 W. LAS COLINAS BLVD
Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 1500 SUITE 1500
City & State City & State
IRVING TX IRVING TX
Zip Country Zip Country
75039 USA 75039 USA

A0075027

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
75-2778918 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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	DVAS NANOS, JOHN M. 222 W. LAS COLINAS BLVD. IRVING TX 75039 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HORNBAKER, RENEE J. 222 W. LAS COLINAS BLVD. IRVING TX 75039 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT GIDDINGS, KATHLEEN A. 222 W. LAS COLINAS BLVD. IRVING TX 75039 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT NOWLIN, JOHN B. 222 W. LAS COLINAS BLVD. 222 W. LAS COLINAS BLVD. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS SHUFF, RONALD F. 222 W. LAS COLINAS BLVD. IRVING TX 75039 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS SHUFF, RONALD F. 222 W. LAS COLINAS BLVD. IRVING TX 75039 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPAT DUNN, MICHAEL S. 222 W. LAS COLINAS BLVD. IRVING TX 75039 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WYNN, HOWARD D. 222 W. LAS COLINAS BLVD. IRVING TX 75039 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **John B. Nowlin** **JOHN B. NOWLIN** **6/19/01** **972-443-6500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Attachment
D# F99000000565
A0075027

June 20, 2001

Division of Corporations
Uniform Business Report Filing
PO Box 1500
Tallahassee, FL 32302-1500

Re: Flowserve US, Inc. (fka Flowserve RED Corporation)
FEI Number: 75-2778918
2001 Uniform Business Report

Dear Sir or Madam:

Enclosed is the 2001 Uniform Business Report for Flowserve US, Inc., with a check for the \$150 filing fee.

The preprinted form was not received by the corporate tax department prior to the May 1, 2001 due day. We respectfully request that this substitute Uniform Business Report form be accepted and that any late filing penalties be waived due to reasonable cause.

If there are questions please call Robert Skeen at 972-443-6599.

Sincerely,

A handwritten signature in cursive script that reads "Jamie F. Wheeler".

Jamie Wheeler
Tax Compliance Director

Enclosures