


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90031 021 ***150.00

DOCUMENT # F99000000565	
1. Entity Name FLOWERVE US INC.	

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

24041180

2. Principal Place of Business 5215 N. O'Connor Blvd Suite, Apt. #, etc. Suite 2300 City & State Irving, TX Zip 75039 Country USA	3. Mailing Address 5215 N. O'Connor Blvd. Suite, Apt. #, etc. Suite 2300 City & State Irving, TX Zip 75039 Country USA
--	---

04062004 Chg-P CR2E034 (10/03)

4. FEI Number 75-2778918	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

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 SAME 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ April 12, 2004
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 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
<table border="1"> <tr> <td>TITLE</td> <td>DVAS</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NANOS, JOHN M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>222 W. LAS COLINAS BLVD., SUITE 1500</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>IRVING, TX 75039</td> <td></td> </tr> </table>	TITLE	DVAS	<input type="checkbox"/> Delete	NAME	NANOS, JOHN M		STREET ADDRESS	222 W. LAS COLINAS BLVD., SUITE 1500		CITY-ST-ZIP	IRVING, TX 75039		<table border="1"> <tr> <td>TITLE</td> <td>DVAS</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Nanos, John M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5215 N O'Connor Blvd., Ste 2300</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Irving, TX 75039</td> <td></td> </tr> </table>	TITLE	DVAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Nanos, John M		STREET ADDRESS	5215 N O'Connor Blvd., Ste 2300		CITY-ST-ZIP	Irving, TX 75039	
TITLE	DVAS	<input type="checkbox"/> Delete																							
NAME	NANOS, JOHN M																								
STREET ADDRESS	222 W. LAS COLINAS BLVD., SUITE 1500																								
CITY-ST-ZIP	IRVING, TX 75039																								
TITLE	DVAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME	Nanos, John M																								
STREET ADDRESS	5215 N O'Connor Blvd., Ste 2300																								
CITY-ST-ZIP	Irving, TX 75039																								
<table border="1"> <tr> <td>TITLE</td> <td>DVS</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SHUFF, RONALD F</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>222 W. LAS COLINAS BLVD., SUITE 1500</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>IRVING, TX 75039</td> <td></td> </tr> </table>	TITLE	DVS	<input type="checkbox"/> Delete	NAME	SHUFF, RONALD F		STREET ADDRESS	222 W. LAS COLINAS BLVD., SUITE 1500		CITY-ST-ZIP	IRVING, TX 75039		<table border="1"> <tr> <td>TITLE</td> <td>DVS</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Shuff, Ronald F</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5215 N O'Connor Blvd., Ste 2300</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Irving, TX 75039</td> <td></td> </tr> </table>	TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Shuff, Ronald F		STREET ADDRESS	5215 N O'Connor Blvd., Ste 2300		CITY-ST-ZIP	Irving, TX 75039	
TITLE	DVS	<input type="checkbox"/> Delete																							
NAME	SHUFF, RONALD F																								
STREET ADDRESS	222 W. LAS COLINAS BLVD., SUITE 1500																								
CITY-ST-ZIP	IRVING, TX 75039																								
TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME	Shuff, Ronald F																								
STREET ADDRESS	5215 N O'Connor Blvd., Ste 2300																								
CITY-ST-ZIP	Irving, TX 75039																								
<table border="1"> <tr> <td>TITLE</td> <td>VAT</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NOWLIN, JOHN B</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>222 W. LAS COLINAS BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>IRVING, TX 75039</td> <td></td> </tr> </table>	TITLE	VAT	<input type="checkbox"/> Delete	NAME	NOWLIN, JOHN B		STREET ADDRESS	222 W. LAS COLINAS BLVD		CITY-ST-ZIP	IRVING, TX 75039		<table border="1"> <tr> <td>TITLE</td> <td>VAT</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Nowlin, John B</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5215 N O'Connor Blvd., Ste 2300</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Irving, TX 75039</td> <td></td> </tr> </table>	TITLE	VAT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Nowlin, John B		STREET ADDRESS	5215 N O'Connor Blvd., Ste 2300		CITY-ST-ZIP	Irving, TX 75039	
TITLE	VAT	<input type="checkbox"/> Delete																							
NAME	NOWLIN, JOHN B																								
STREET ADDRESS	222 W. LAS COLINAS BLVD																								
CITY-ST-ZIP	IRVING, TX 75039																								
TITLE	VAT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME	Nowlin, John B																								
STREET ADDRESS	5215 N O'Connor Blvd., Ste 2300																								
CITY-ST-ZIP	Irving, TX 75039																								
<table border="1"> <tr> <td>TITLE</td> <td>P</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HORNBAKER, RENEE J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>222 W. LAS COLINAS BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>IRVING, TX 75039</td> <td></td> </tr> </table>	TITLE	P	<input type="checkbox"/> Delete	NAME	HORNBAKER, RENEE J		STREET ADDRESS	222 W. LAS COLINAS BLVD		CITY-ST-ZIP	IRVING, TX 75039		<table border="1"> <tr> <td>TITLE</td> <td>P</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Hornbaker, Renee J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5215 N O'Connor Blvd., Ste 2300</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Irving, TX 75039</td> <td></td> </tr> </table>	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Hornbaker, Renee J		STREET ADDRESS	5215 N O'Connor Blvd., Ste 2300		CITY-ST-ZIP	Irving, TX 75039	
TITLE	P	<input type="checkbox"/> Delete																							
NAME	HORNBAKER, RENEE J																								
STREET ADDRESS	222 W. LAS COLINAS BLVD																								
CITY-ST-ZIP	IRVING, TX 75039																								
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME	Hornbaker, Renee J																								
STREET ADDRESS	5215 N O'Connor Blvd., Ste 2300																								
CITY-ST-ZIP	Irving, TX 75039																								
<table border="1"> <tr> <td>TITLE</td> <td>VT</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CHAVESON, DAVE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>222 W LAS COLINAS BLVD #1500</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>IRVING, TX 7039</td> <td></td> </tr> </table>	TITLE	VT	<input type="checkbox"/> Delete	NAME	CHAVESON, DAVE		STREET ADDRESS	222 W LAS COLINAS BLVD #1500		CITY-ST-ZIP	IRVING, TX 7039		<table border="1"> <tr> <td>TITLE</td> <td>VT</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Chavenson, Dave</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5215 N O'Connor Blvd., Ste 2300</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Irving, TX 75039</td> <td></td> </tr> </table>	TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Chavenson, Dave		STREET ADDRESS	5215 N O'Connor Blvd., Ste 2300		CITY-ST-ZIP	Irving, TX 75039	
TITLE	VT	<input type="checkbox"/> Delete																							
NAME	CHAVESON, DAVE																								
STREET ADDRESS	222 W LAS COLINAS BLVD #1500																								
CITY-ST-ZIP	IRVING, TX 7039																								
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME	Chavenson, Dave																								
STREET ADDRESS	5215 N O'Connor Blvd., Ste 2300																								
CITY-ST-ZIP	Irving, TX 75039																								
<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									

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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  John M. Nanos April 12, 2004 972-443-6590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #