

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90300 031 \*\*\*150.00

**DOCUMENT # F99000006273**

1. Entity Name  
**PENTAIR TOOL & EQUIPMENT SALES CO.**

Principal Place of Business 1500 COUNTRY ROAD B2 WEST ST. PAUL MN 55113-3105	Mailing Address 1500 COUNTRY ROAD B2 WEST ST. PAUL MN 55113-3105
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747786



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>41-1955250</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>C T CORPORATION SYSTEM</b> 1200 SOUTH 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 \_\_\_\_\_ 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. <input type="checkbox"/>	<p><b>FILE NOW!!! FEE IS \$150.00</b>                  After MAY 1, 2001/Fee will be \$550.00                  Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	PDC	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GARLOCK, JOHN H			NAME	FRANK J. FERACO		
STREET ADDRESS	4825 HIGHWAY 45 NORTH			STREET ADDRESS	1500 COUNTY RD B2 WEST		
CITY-ST-ZIP	JACKSON TN 38302-2468			CITY-ST-ZIP	ST. PAUL, MN 55113		
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	ASD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BENTSON, STEVEN R			NAME	LOUIS GAINS WORTH		
STREET ADDRESS	4825 HIGHWAY 45 NORTH			STREET ADDRESS	1500 COUNTY ROAD B2 WEST		
CITY-ST-ZIP	JACKSON TN 38302-2468			CITY-ST-ZIP	ST. PAUL, MN 55113		
TITLE	ST	<input type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RUEB, ROY T			NAME	DAVID L THOMPSON		
STREET ADDRESS	1500 WEST COUNTY ROAD B2			STREET ADDRESS	1500 COUNTY ROAD B2 WEST		
CITY-ST-ZIP	ST. PAUL MN 55113-3105			CITY-ST-ZIP	ST. PAUL, MN 55113		
TITLE	CD	<input checked="" type="checkbox"/> Delete		TITLE	AT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WHITE, JAMES A			NAME	MICHAEL G. MEYER		
STREET ADDRESS	1500 COUNTRY ROAD B2 WEST			STREET ADDRESS	1500 COUNTY ROAD B2 WEST		
CITY-ST-ZIP	ST. PAUL MN 55113-3105			CITY-ST-ZIP	ST. PAUL, MN 55113		
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOYD, TAMMY T			NAME			
STREET ADDRESS	4825 HWY 45 NORTH			STREET ADDRESS			
CITY-ST-ZIP	JACKSON TN 38305			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: R. S. Paul Date: 4-19-01 Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)