


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90096 031 \*\*\*150.00

**DOCUMENT # F99000006273**  
 1. Entity Name  
**PENTAIR TOOL & EQUIPMENT SALES CO.**



Principal Place of Business      Mailing Address  
~~1500 COUNTRY ROAD B2 WEST~~      ~~1500 COUNTRY ROAD B2 WEST~~  
~~ST. PAUL, MN 55113-3105~~      ~~ST. PAUL, MN 55113-3105~~  
 5500 Wayzata Blvd #800      5500 Wayzata Blvd #800  
 Golden Valley MN 55416-1259      Golden Valley MN 55416-1259

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

01122004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 41-1955250      Not Applicable

5. Certificate of Status Desired       \$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  
 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 \_\_\_\_\_ (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.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AINS WORTH, LOUIS <del>1500 COUNTRY RD B2 WEST</del> 5500 Wayzata Blvd Suite 800 SAINT PAUL, MN 55113 Golden Valley MN 55416
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEYER, MICHAEL G 5500 Wayzata Blvd Suite 800 <del>1500 COUNTRY ROAD B2 WEST</del> Golden Valley, MN SAINT PAUL, MN 55113 55416-1259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMPSON, DAVID L 1500 COUNTY RD B2 WEST SAINT PAUL, MN 55113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Charles M. Brown 4825 Highway 45 N.W. JACKSON TN 38305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 another like empowered.

**SIGNATURE:** Michael G. Meyer      Michael G. Meyer      1/12/04  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #