

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000005348

FILED  
Apr 03, 2012  
Secretary of State

Entity Name: FLOW CONTROL LLC

**Current Principal Place of Business:**

CAPE ANN INDUSTRIAL PARK  
1 KONDELIN RD.  
GLOUCESTER, MA 01930

**New Principal Place of Business:**

**Current Mailing Address:**

CAPE ANN INDUSTRIAL PARK  
1 KONDELIN RD.  
GLOUCESTER, MA 01930

**New Mailing Address:**

FEI Number: 45-2115170

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: WOLPERT, ROBERT  
Address: 17942 COWAN  
City-St-Zip: IRVINE, CA 92614

Title: VP  
Name: SULLIVAN, JOHN  
Address: 9 WEST SHORE ROAD  
City-St-Zip: MERRIMAC, MA 01860

Title: SECR  
Name: SOLOMON, KYLA  
Address: 1133 WESTCHESTER AVE.  
City-St-Zip: WHITE PLAINS, NY 10604

Title: VP  
Name: KELLY, DANIEL  
Address: 1133 WESTCHESTER AVENUE  
City-St-Zip: WHITE PLAINS, NY 10604

Title: VP  
Name: KENDALL-JONES, NICK  
Address: 17942 COWAN  
City-St-Zip: IRVINE, CA 92614

Title: VP  
Name: HENDRY, ALLAN  
Address: 17942 COWAN  
City-St-Zip: IRVINE, CA 92614

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KYLA SOLOMON

SECR

04/03/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date