

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M26617

FILED  
May 04, 2005  
Secretary of State

Entity Name: SFC VALVE CORPORATION

## Current Principal Place of Business:

CANNERY RD.  
PO BOX 630  
SOMERSET, PA 155017630

## New Principal Place of Business:

## Current Mailing Address:

CANNERY RD.  
PO BOX 630  
SOMERSET, PA 155017630

## New Mailing Address:

FEI Number: 25-1519834

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARAGON, RUDOLPH F.  
2699 SOUTH BAYSHORE DR.  
MIAMI, FL 33133 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: KIRST, JOSEPH D. II,  
Address: RD 1  
City-St-Zip: MARKLETON, PA

Title: DS ( ) Delete  
Name: KIRST, JEAN K.,  
Address: RD 1  
City-St-Zip: MARKELTON, PA

Title: DV ( ) Delete  
Name: KIRST, ROBERT H.,  
Address: RT. 1, BOX 379A  
City-St-Zip: SOMERSET, PA

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: KIRST, ROBERT H.,  
Address: RT. 1, BOX 379A  
City-St-Zip: SOMERSET, PA

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH D. KIRST II

DPT

05/04/2005

Electronic Signature of Signing Officer or Director

Date