

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05683

FILED  
Apr 14, 2011  
Secretary of State

**Entity Name:** GOULDS PUMPS, INCORPORATED

**Current Principal Place of Business:**

240 FALL STREET  
SENECA FALLS, NY 13148 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ITT CORPORATION  
1133 WESTCHESTER AVENUE  
WHITE PLAINS, NY 10604 US

**New Mailing Address:**

**FEI Number:** 15-0321120      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CT CORPORATION SYSTEM  
1200 S. 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

**OFFICERS AND DIRECTORS:**

Title: D/P  
Name: TAYLOR, WILLIAM E  
Address: 240 FALL STREET  
City-St-Zip: SENECA FALLS, NY 13148

Title: VP  
Name: WHITE, RICHARD E  
Address: 240 FALL STREET  
City-St-Zip: SENECA FALLS, NY 13148

Title: ATAS  
Name: TZORTZATOS, MARIA  
Address: 1133 WESTCHESTER AVENUE  
City-St-Zip: WHITE PLAINS, NY 10604

Title: VPAS  
Name: KELLY, DANIEL S  
Address: 1133 WESTCHESTER AVE  
City-St-Zip: WHITE PLAINS, NY 10604

Title: D/T  
Name: WU, THOMAS C  
Address: 240 FALL STREET  
City-St-Zip: SENECA FALLS, NY 13148

I hereby 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 all other like empowered.

SIGNATURE: MARIA TZORTZATOS

AS

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date