FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 24 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P08535** **(7)**

1. Corporation Name
ZURN CONSTRUCTORS, INC.

Principal Place of Business	Mailing Address
ONE ZURN PLACE P. O. BOX 2000 ERIE PA 16514-0000	ONE ZURN PLACE P. O. BOX 2000 ERIE PA 16514-0000

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/26/1985
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 95-3700653	☐ Applied For ☐ Not Applicable
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24: 16514-2000 / Country 25	Zip 29: 16514-2000 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	11 TITLE		☐ Change ☒ Addition
NAME	RUTZLER, III., JOHN E.	12 NAME		
STREET ADDRESS	ONE ZURN PLACE	13 STREET ADDRESS		
CITY-ST-ZIP	ERIE PA	14 CITY-ST-ZIP	16505	
TITLE	AT	21 TITLE		☐ Change ☒ Addition
NAME	HYNES, JAMES H.	22 NAME		
STREET ADDRESS	ONE ZURN PLACE	23 STREET ADDRESS		
CITY-ST-ZIP	ERIE PA	24 CITY-ST-ZIP	16505	
TITLE	SC	31 TITLE	S	☒ Change ☒ Addition
NAME	HAINES, DENNIS	32 NAME		
STREET ADDRESS	1 ZURN PL	33 STREET ADDRESS		
CITY-ST-ZIP	ERIE PA	34 CITY-ST-ZIP	Erie, PA 16505	
TITLE	PD	41 TITLE	P	☒ Change ☒ Addition
NAME	DEWEESE, ARMAND J	42 NAME		
STREET ADDRESS	1500 W 9TH ST	43 STREET ADDRESS		
CITY-ST-ZIP	UPLAND CA	44 CITY-ST-ZIP	Upland, CA 91785-1210	
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	SCHOFIELD, GEORGE H.	52 NAME	Robert Womack	
STREET ADDRESS	ONE ZURN PLACE	53 STREET ADDRESS	One Zurn Place	
CITY-ST-ZIP	ERIE PA	54 CITY-ST-ZIP	Erie, PA 16505	
TITLE	D	61 TITLE		☐ Change ☒ Addition
NAME	FREEMAN, WILLIAM A	62 NAME		
STREET ADDRESS	ONE ZURN PLACE	63 STREET ADDRESS		
CITY-ST-ZIP	ERIE PA	64 CITY-ST-ZIP	16505	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James H. Hynes 4/4/95 814/452-2111
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #

0405600 PH