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May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P08535

(7)

1. Corporation Name
ZURN CONSTRUCTORS, INC.



Principal Place of Business

Mailing Address

ONE ZURN PLACE
P. O. BOX 2000
ERIE PA 16514-2000
US

ONE ZURN PLACE
P. O. BOX 2000
ERIE PA 16514-2000
US

2. Principal Place of Business

2a. Mailing Address

21 One Zurn Place

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 Erie, PA

28

Zip

Country

Zip

Country

24 16505

25

29

30

3. Date Incorporated or Qualified

12/26/1985

3a. Date of Last Report

05/01/1996

4. FEI Number

95-3700653

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T
NAME RUTZLER, III., JOHN E.
STREET ADDRESS ONE ZURN PLACE
CITY - ST - ZIP ERIE PA ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

AT
NAME HYNES, JAMES H.
STREET ADDRESS ONE ZURN PLACE
CITY - ST - ZIP ERIE PA ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

S
NAME HAINES, DENNIS
STREET ADDRESS 1 ZURN PL
CITY - ST - ZIP ERIE PA ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

P
NAME DEWEESE, ARMAND J
STREET ADDRESS 1500 W 9TH ST
CITY - ST - ZIP UPLAND CA ☒ DELETE

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Lee L. Saage
4.3 STREET ADDRESS 1500 W. Ninth St.
4.4 CITY - ST - ZIP Upland, CA 91785

D
NAME WOMACK, ROBERT
STREET ADDRESS ONE ZURN PLACE
CITY - ST - ZIP ERIE PA ☐ DELETE

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP Erie

D
NAME SHEEDER, FRANK
STREET ADDRESS ONE ZURN PLACE
CITY - ST - ZIP ERIE PA ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 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:

SIGNATURE REQUIRED

James H. Hynes

814/452-2111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst. Treas.

Date

Daytime Phone #

CR2E034 (9/96)