

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 14 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 # **P11505** (5)
1. Corporation Name
COLTEC INDUSTRIES INC



Principal Place of Business 430 PARK AVENUE NEW YORK NY 10022	Mailing Address 430 PARK AVENUE NEW YORK NY 10022-3505
---	--

2. Principal Place of Business 21 3 Coliseum Centre Suite, Apt. #, etc. 22 2550 West Tyvola Road City & State 23 Charlotte NC Zip 24 28217		2a. Mailing Address 26 3 Coliseum Centre Suite, Apt. #, etc. 27 2550 West Tyvola Road City & State 28 Charlotte NC Zip 29 28217		3. Date Incorporated or Qualified 09/22/1986		3a. Date of Last Report 05/01/1996	
				4. FEI Number 13-1846375		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 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 85 Zip Code FL	
--	--	---	--

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 file if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	President
NAME	MARGOLIS, DAVID I.	1.2 NAME	John W. Guffey, Jr.
STREET ADDRESS	430 PARK AVENUE	1.3 STREET ADDRESS	3 Coliseum Centre, 2550 W Tyvola Road
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	Charlotte NC 28217
TITLE	VS	2.1 TITLE	Vice President
NAME	DIBUONO, ANTHONY J.	2.2 NAME	David D. Harrison
STREET ADDRESS	430 PARK AVENUE	2.3 STREET ADDRESS	3 Coliseum Centre, 2550 W Tyvola Road
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	Charlotte NC 28217
TITLE	VT	3.1 TITLE	Secretary
NAME	SCHOEN, PAUL G	3.2 NAME	Robert J. Tubbs
STREET ADDRESS	430 PARK AVENUE	3.3 STREET ADDRESS	3 Coliseum Centre, 2550 W Tyvola Road
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	Charlotte NC 28217
TITLE	AT	4.1 TITLE	Treasurer
NAME	HERMAN, HERBERT L	4.2 NAME	Thomas B. Jones, Jr.
STREET ADDRESS	430 PARK AVE	4.3 STREET ADDRESS	3 Coliseum Centre, 2550 W Tyvola Road
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	Charlotte NC 28217
TITLE		5.1 TITLE	Asst. Treasurer
NAME		5.2 NAME	Joseph F. Andolino
STREET ADDRESS		5.3 STREET ADDRESS	3 Coliseum Centre, 2550 W Tyvola Road
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Charlotte NC 28217
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____

4/25/97

704-423-7000

CR2E034 (9/96)