

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90190 046 \*\*\*150.00

DOCUMENT # P11505

1. Corporation Name  
COLTEC INDUSTRIES INC

Principal Place of Business

TAX DEPARTMENT  
2550 WEST TYVOLA ROAD  
CHARLOTTE NC 28217  
US

Mailing Address

3 COLSEUM CENTRE  
2550 W TYVOLA RD  
CHARLOTTE NC 28217  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1986

4. FEI Number

13-1846375

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 3 Coliseum Centre

Suite, Apt. #, etc.

22 2550 W Tyvola RD

City & State

23 Charlotte, NC

Zip

24 28217

Country

25 USA

2a. Mailing Address

26 Tax Department

Suite, Apt. #, etc.

27 2550 West Tyvola Rd

City & State

28 Charlotte, NC

Zip

29 28217

Country

30 USA

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE  
NAME GUFFEY, JR.  
STREET ADDRESS 3 COLISEUM CENTRE, 2550 W TYVOLA RD  
CITY-ST-ZIP CHARLOTTE NC

TITLE VP ☐ DELETE  
NAME HARRISON, DAVID D  
STREET ADDRESS 3 COLISEUM CENTRE, 2550 W TYVOLA RD  
CITY-ST-ZIP CHARLOTTE NC

TITLE S ☐ DELETE  
NAME TUBBS, ROBERT J  
STREET ADDRESS 3 COLISEUM CENTRE, 2550 W TYVOLA RD  
CITY-ST-ZIP CHARLOTTE NC

TITLE VP ☐ DELETE  
NAME JONES, THOMAS B. J  
STREET ADDRESS 3 COLISEUM CENTRE, 2550 W TYVOLA RD  
CITY-ST-ZIP CHARLOTTE NC

TITLE AT ☐ DELETE  
NAME ANDOLINO, JOSEPH F.  
STREET ADDRESS 3 COLISEUM CENTRE, 2550 W TYVOLA RD  
CITY-ST-ZIP CHARLOTTE NC

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition  
1.2 NAME Nishan Teshoian  
1.3 STREET ADDRESS 3 Coliseum Centre, 2550 West Tyvola Rd  
1.4 CITY-ST-ZIP Charlotte, NC 28217

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

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

4.1 TITLE T ☒ Change ☐ Addition  
4.2 NAME Jones, Thomas B. Jr.  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

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

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99

Date

Daytime Phone #

CR2E034 (11/98)

001023