


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P14576</b> 1. Entity Name ZURN EPC SERVICES, INC.	
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Principal Place of Business 14801 QUORUM DR DALLAS, TX 75240 US	Mailing Address PO BOX 709001 DALLAS, TX 75370-9001 US
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**DO NOT WRITE IN THIS SPACE**



05062005 No Chg-P CR2E034 (10/03)

4. FEI Number 91-1091148	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD KRAINSKI, EDMUND 1801 PITTSBURGH AVE. ERIE, PA 16514
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BARRE, STEVEN C 777 S FLAGLER DR STE 1108 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT BISHOP, TAMMY S 14801 QUORUM DR DALLAS, TX 75240
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPAS EDWARDS, JOHN B 777 S FLAGLER DR STE 1108 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000367839  
05/23/05-80002-003 550.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMMY S. BISHOP 5/6/05 972.560-2171  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #