2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED AND FILED

06 SEP 15 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P19397

1. Entity Name
PALL FILTRATION AND SEPARATIONS GROUP INC.

Principal Place of Business	Mailing Address
2118 GREENSPRING DRIVE TIMONIUM, MD 21093 US	2118 GREENSPRING DRIVE TIMONIUM, MD 21093 US

08312006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 36-3460013 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRASNOFF, ERIC 2200 NORTHERN BLVD EAST HILLS, NY 11548	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT WILSON, MARCUS 2200 NORTHERN BLVD EAST HILLS, NY 11548	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director and President Marcus Wilson 2200 Northern Blvd. East Hills, N.Y. 11548	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHISOLM, STEVEN 2200 NORTHERN BLVD EAST HILLS, NY 11548	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Lisa McDermott 2200 Northern Blvd. East Hills, N.Y. 11548	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEVENS, DONALD 2200 NORTHERN BOULEVARD EAST HILLS, NY 11548	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAT SHIFLETT, ANTHONY 2118 GREENSPRING DRIVE TIMONIUM, MD 21093	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100079883701	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BARTLETT, MARY ANN 2200 NORTHERN BLVD EAST HILLS, NY 11548	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mary Ann Bartlett 8-31-06 516-484-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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CORPORATION SERVICE COMPANY®

ACCOUNT NO. : 072100000032

REFERENCE : 351757 4380050

AUTHORIZATION : [signature]

COST LIMIT : $ 550.00

ORDER DATE : September 1, 2006

ORDER TIME : 1:57 PM

ORDER NO. : 351757-005

CUSTOMER NO: 4380050

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2006 SEP 15 PM 3:12
THIS ENVELOPE MUST BE ENCLOSED TO ACKNOWLEDGE SUFFICIENCY OF FILING

ANNUAL REPORT FILING

NAME: PALL FILTRATION AND SEPARATIONS GROUP, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Pamela A Washington - Ext. 2936

EXAMINER'S INITIALS: _____