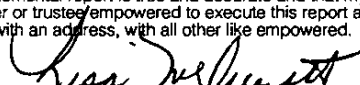


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2007 8:00 am
Secretary of State

06-28-2007 90001 002 ***550.00

DOCUMENT # P19397 1. Entity Name PALL FILTRATION AND SEPARATIONS GROUP INC.					
Principal Place of Business 2118 GREENSPRING DRIVE TIMONIUM, MD 21093 US			Mailing Address 2118 GREENSPRING DRIVE TIMONIUM, MD 21093 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 36-3460013	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐			
\$5.00 May Be Added to Fees		DATE _____			
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	DP WILSON, MARCUS 2200 NORTHERN BLVD EAST HILLS, NY 11548 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT Lisa McDermott 2200 Northern Blvd East Hills, NY 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	☐ 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	☐ 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					