FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 AM 11:23

DOCUMENT # **P21289** **(4)**

1. Corporation Name
INGERSOLL-RAND ENHANCED RECOVERY COMPANY

Principal Place of Business	Mailing Address
200 CHESTNUT RIDGE RD WOODCLIFF LAKE, NJ WILMINGTON DE 07675	200 CHESTNUT RIDGE RD WOODCLIFF LAKE, NJ WILMINGTON DE 07675

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/13/1988**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **13-1102482** ☐ 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 **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	PERRELLA, J.E.	12 NAME	
STREET ADDRESS	200 CHESTNUT RIDGE RD	13 STREET ADDRESS	
CITY-ST-ZIP	WOODCLIFF LAKE NJ	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	NACHTIGAL, P	22 NAME	
STREET ADDRESS	200 CHESTNUT RIDGE RD	23 STREET ADDRESS	
CITY-ST-ZIP	WOODCLIFF LAKE NJ	24 CITY ST ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	KROLL, D. E.	32 NAME	
STREET ADDRESS	200 CHESTNUT RIDGE ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	WOODCLIFF LAKE NY	34 CITY ST ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	HELLER, R G	42 NAME	
STREET ADDRESS	200 CHESTNUT RIDGE RD	43 STREET ADDRESS	
CITY-ST-ZIP	WOODCLIFF LAKE NJ	44 CITY ST ZIP	
TITLE	VP	51 TITLE	☐ Change ☐ Addition
NAME	MCBRIDE, T. F.	52 NAME	
STREET ADDRESS	200 CHESTNUT RIDGE ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	WOODCLIFF NY	54 CITY ST ZIP	
TITLE	VP	61 TITLE	☐ Change ☐ Addition
NAME	ARMSTRONG, E. J.	62 NAME	
STREET ADDRESS	200 CHESTNUT RIDGE ROAD	63 STREET ADDRESS	
CITY ST ZIP	WOODCLIFF NY	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ **2/15/95** **201-573-3091**
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
George Nuelys Attorney-in Fact

0904073 FP