


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90296 030 ***550.00

DOCUMENT # P21289	
1. Entity Name INGERSOLL-RAND ENHANCED RECOVERY COMPANY	

Principal Place of Business 200 CHESTNUT RIDGE RD WOODCLIFF LAKE, NJ 07677	Mailing Address 200 CHESTNUT RIDGE RD WOODCLIFF LAKE, NJ WOODCLIFF LAKE, NJ 07677
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50051030



2. Principal Place of Business 155 Chestnut Ridge	3. Mailing Address 155 Chestnut Ridge
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04292005 Chg-P CR2E034 (10/03)

City & State Montvale NJ 07645	City & State Montvale NJ 07645
Zip 07645	Zip 07645
Country USA	Country USA

4. FEI Number 13-1102482	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KROLL, D.E. 200 CHESTNUT RIDGE ROAD WESTWOOD, NJ 07675 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	155 Chestnut Ridge Rd Montvale NJ 07645 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWIMMER, G.E. 200 CHESTNUT RIDGE RD WESTWOOD, NJ 07675 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	155 Chestnut Ridge Rd Montvale NJ 07645 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HELLER, R.G. 200 CHESTNUT RIDGE RD WESTWOOD, NJ 07675 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary / Director Barbara Santorp 155 Chestnut Ridge Montvale NJ 07645 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MACHTIGAL, P 200 CHESTNUT RIDGE RD WESTWOOD, NJ 07675 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Nachtigal, P. 155 Chestnut Ridge Rd Montvale NJ 07645 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 another like employment.

SIGNATURE:  **KENNETH W. LILJEBACK**
ATTORNEY-IN-FACT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #