FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P24105** **(9)**

1. Corporation Name

PEERLESS PUMP COMPANY

Principal Place of Business	Mailing Address
2005 DR. ML KING ST. INDIANAPOLIS IN 46206 US	C/O TBG SERVICES INC. 565 FIFTH AVE. 17TH FL. NEW YORK NY 10017 US

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: **04/28/1989**	3a. Date of Last Report: **02/14/1995**
4. FEI Number: **93-0970734**	☐ 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 607.1506, 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 (Signature of New Registered Agent, if changing) (NOTE: Registered Agent's signature required for each resulting change) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CUTLER, RICHARD J.		1.2 NAME	
STREET ADDRESS	190 FEN WAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	SYOSSET NY		1.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MASSEY, IAN		2.2 NAME	
STREET ADDRESS	2005 DR M L KING JR. STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LEVINE, ROBERT B.		3.2 NAME	
STREET ADDRESS	124 S. MARION PLACE		3.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE CENTRE NY		3.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	JOYCE, KEVIN R.		4.2 NAME	
STREET ADDRESS	2005 DR ML KING JR ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN		4.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GREEN, STEPHEN		5.2 NAME	
STREET ADDRESS	1588 UNION AVE.		5.3 STREET ADDRESS	
CITY-ST-ZIP	HEWLETT NY		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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 alteration.

SIGNATURE: Robert B. Levine **ROBERT B. LEVINE** **VICE-PRESIDENT** 1/16/96 212-850-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)