

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P32456

Entity Name: JOHN CRANE INC.

FILED
Mar 30, 2005
Secretary of State

Current Principal Place of Business:

6400 W. OAKTON ST.
MORTON GROVE, IL 60053 US

New Principal Place of Business:

Current Mailing Address:

6400 W. OAKTON ST.
MORTON GROVE, IL 60053 US

New Mailing Address:

FEI Number: 13-3372060

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: AS () Delete
Name: NORRIS, GUY
Address: 765 FINCHLEY RD
City-St-Zip: LONDON NW11 8DS UK,

Title: P () Delete
Name: WASSON, ROBERT R
Address: 6400 W OAKTON ST
City-St-Zip: MORTON GROVE, IL 60053 US

Title: VPF () Delete
Name: WHIPPLE, THOMAS F
Address: 6400 W. OAKTON ST
City-St-Zip: MORTON GROVE, IL 60053

Title: S () Delete
Name: MEYER, JEFFERY
Address: 6400 W. OAKTON ST
City-St-Zip: MORTON GROVE, IL 60053

Title: AT () Delete
Name: MCNAMARA, TERENCE P
Address: 6400 W. OAKTON ST.
City-St-Zip: MORTON GROVE, IL 60053

Title: VPHV (X) Delete
Name: PALM, STEVE
Address: 6400 W. OAKTON STREET
City-St-Zip: MORTON GROVE, IL 60053

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERENCE P MCNAMARA

AT

03/30/2005

Electronic Signature of Signing Officer or Director

Date