

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 24, 1999 8:00 am**  
**Secretary of State**

05-24-1999 90019 033 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>	<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** P37662 ✓

1. Corporation Name

ALFA LAVAL SEPARATION INC. ✓

<b>Principal Place of Business</b> 955 MEARNS ROAD WARMINSTER, PA 18974	<b>Mailing Address</b> C/O ALFA LAVAL INC. 9201 WILMOT ROAD P.O. BOX 840 KENOSHA, WI 53141
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1992

4. FEI Number

22-2932465 ✓

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RICHOMME, YANICK	
STREET ADDRESS	169 MEADOWBROOK DR.	
CITY - ST - ZIP	HUNTING VALLEY, PA	

TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	MAHONEY, VINCENT	
STREET ADDRESS	155 COUNTRY CLUB	
CITY - ST - ZIP	LANSDALE, PA	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	SVENSSON, URBAN	
STREET ADDRESS	164 GOLFVIEW DR.	
CITY - ST - ZIP	IVYLAND, PA 18974	

TITLE	S	<input type="checkbox"/> DELETE
NAME	WENEGRAT, EILEEN	
STREET ADDRESS	50 CROSLEY TERRACE	
CITY - ST - ZIP	HILLSDALE, NJ	

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	LARS, DAHLQVIST	
STREET ADDRESS	955 MEARNS ROAD	
CITY - ST - ZIP	WARMINSTER, PA	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	JACKSON, QUINTIN	
STREET ADDRESS	230 BRAMPTON LANE	
CITY - ST - ZIP	LAKE FOREST, IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		

2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BURNS, STEPHEN	
2.3 STREET ADDRESS	955 MEARNS ROAD	
2.4 CITY - ST - ZIP	WARMINSTER, PA	

3.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

4.1 TITLE	ASSISTANT TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	STEPHEN D. PRATT	
4.3 STREET ADDRESS	9201 WILMOT ROAD	
4.4 CITY - ST - ZIP	KENOSHA, WI 53141	

5.1 TITLE	EXECUTIVE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	STEPANOVICH, MICHAEL	
5.3 STREET ADDRESS	955 MEARNS ROAD	
5.4 CITY - ST - ZIP	WARMINSTER, PA	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. 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 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 unchanged, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Stephen D. Pratt*

STEPHEN D. PRATT, ASST. TREASURER

4/21/99

414-94-9315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #