

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 808786

Entity Name: TRANE U.S. INC.**Current Principal Place of Business:**ONE CENTENNIAL AVENUE
PISCATAWAY, NJ 08855**Current Mailing Address:**ONE CENTENNIAL AVE
PISCATAWAY, NJ 08855**FEI Number:** 25-0900465**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title PRES
Name REGNERY, DAVID
Address 800 E- BEATY ST
City-State-Zip: DAVIDSON NC 28036

Title VP-T
Name SHANNON, PATRICK
Address 800 -E BEATY ST
City-State-Zip: DAVIDSON NC 28036

Title AS
Name STALKER, CHRISTINA
Address 4833 WHITE BEAR PKWY
City-State-Zip: ST PAUL MN 55110

Title SEC
Name SANTORO, BARBARA A
Address ONE CENTENNIAL AVE
City-State-Zip: PISCATAWAY NJ 08855

Title AS
Name PADFIELD, KATHY
Address 800-A BEATY ST
City-State-Zip: DAVIDSON NC 28036

Title AT
Name SMOLEN, ROBERT S
Address 3600 PAMMEL CREEK RD
City-State-Zip: LA CROSSE WI 54601

Title SR. VICE PRESIDENT
Name TAIVAL, DANE
Address 4833 WHITE BEAR PARKWAY
City-State-Zip: ST PAUL MN 55110

I hereby 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 all other like empowered.

SIGNATURE: ROBERT SMOLEN**ASSISTANT TREASURER 01/04/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date