

**2014 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-A BEATY ST  
City-State-Zip: DAVIDSON NC 28036

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

Title ASST. SECRETARY  
Name PADFIELD, MARY KATHLEEN  
Address 800-A BEATY ST  
City-State-Zip: DAVIDSON NC 28036

Title SECRETARY  
Name SHELTON, ANGEL F  
Address 800-A BEATY ST  
City-State-Zip: DAVIDSON NC 28036

Title TREASURER  
Name PFEFFER, JANET C  
Address 800 -E BEATY ST  
City-State-Zip: DAVIDSON NC 28036

Title VP  
Name TAIVAL, DANE R  
Address 800 BEATY STREET  
City-State-Zip: DAVIDSON NC 28036

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

Title ASST. SECRETARY  
Name MAU, JAMES A  
Address 3600 PAMMEL CREEK RD  
City-State-Zip: LA CROSSE WI 54601

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*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 S SMOLEN****ASSISTANT TREASURER 01/29/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	KATZ , ROBERT
Address	800 BEATY STREET
City-State-Zip:	DAVIDSON NC 28036