

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 843752

Entity Name: PALL CORPORATION**Current Principal Place of Business:**25 HARBOR PARK DRIVE
PORT WASHINGTON, NY 11050**Current Mailing Address:**25 HARBOR PARK DRIVE
PORT WASHINGTON, NY 11050 US**FEI Number:** 11-1541330**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH 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	DIRECTOR
Name	MCFADEN, FRANK T.
Address	2200 PENNSYLVANIA AVE., NW SUITE 800W
City-State-Zip:	WASHINGTON DC 20037

Title	DIRECTOR
Name	LUTZ, ROBERT S.
Address	2200 PENNSYLVANIA AVE., NW SUITE 800W
City-State-Zip:	WASHINGTON DC 20037

Title	TREASURER
Name	MCFADEN, FRANK T.
Address	2200 PENNSYLVANIA AVE., NW SUITE 800W
City-State-Zip:	WASHINGTON DC 20037

Title	SECRETARY
Name	O'REILLY, JAMES F.
Address	2200 PENNSYLVANIA AVE., NW SUITE 800W
City-State-Zip:	WASHINGTON DC 20037

Title	PRESIDENT
Name	HONEYCUTT, JENNIFER
Address	25 HARBOR PARK DRIVE
City-State-Zip:	PORT WASHINGTON NY 11050

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: FRANK T. MCFADEN

TREASURER

04/03/2018

Electronic Signature of Signing Officer/Director Detail_____
Date