

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000003269

**Entity Name:** SULZER PUMPS SOLUTIONS INC.

**Current Principal Place of Business:**

155 AHLSTROM WAY  
EASLEY, SC 29640

**FILED**  
**Apr 27, 2023**  
**Secretary of State**  
**4828513735CC**

**Current Mailing Address:**

155 AHLSTROM WAY  
EASLEY, SC 29640 US

**FEI Number: 57-1099006**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T 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            PRESIDENT, DIRECTOR  
Name            HOLCOMBE, THOMAS  
Address        155 ALHSTROM WAY  
City-State-Zip: EASLEY SC 29640

Title            DIRECTOR  
Name            TIITTANEN, VELI-PEKKA  
Address        NEUWIESENSTRASSE 15  
City-State-Zip: WINTERTHUR CH8401

Title            ASST. SECRETARY  
Name            HENDRICK, BETSY  
Address        155 ALSTROM WAY  
City-State-Zip: EASLEY SC 29640

Title            OFFICER  
Name            FANDETTI, TONY  
Address        155 AHLSTROM WAY  
City-State-Zip: EASLEY SC 29640

Title            OFFICER  
Name            BOWERS, LESLIE  
Address        155 AHLSTROM WAY  
City-State-Zip: EASLEY SC 29640

Title            ASST. SECRETARY  
Name            MUÑOZ, SEBASTIAN  
Address        900 THREADNEEDLE STREET  
                 SUITE 700  
City-State-Zip: HOUSTON TX 77079

Title            DIRECTOR  
Name            JOHNSON, ANITA  
Address        900 THREADNEEDLE STREET  
                 SUITE 700  
City-State-Zip: HOUSTON TX 77079

Title            VP  
Name            WINTERLIND, ROLAND  
Address        NEUWIESENSTRASSE 15  
City-State-Zip: WINTERTHUR CH8401

**Continues on page 2**

*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: SEBASTIAN MUÑOZ**

**ASSISTANT SECRETARY    04/27/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name EVERHART, JOHN  
Address 155 AHLSTROM WAY  
City-State-Zip: EASLEY SC 29640