

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000003269

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

**Current Principal Place of Business:**

155 AHLSTROM WAY  
EASLEY, SC 29640

**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  
Name            CRAWFORD, ALAN  
Address        PO BOX 2069  
City-State-Zip: EASLEY SC 29640

Title            DIRECTOR  
Name            SMEKTALA, CHRISTIAN  
Address        2277 PLAZA DRIVE  
City-State-Zip: SUGAR LAND TX 77479

Title            DIRECTOR  
Name            HIRVENSAALO, MIKKO  
Address        NEUWIESENSTRASSE 15  
City-State-Zip: WINTERTHUR ZURICH CH8401

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

Title            SECRETARY  
Name            SMEKTALA, CHRISTIAN  
Address        1255 ENCLAVE PARKWAY  
                 SUITE 300  
City-State-Zip: HOUSTON TX 77077

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

Title            OFFICER  
Name            MUUMAKI, VELI-PEKKA  
Address        155 AHLSTROM WAY  
City-State-Zip: EASLEY SC 29640

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

**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:** CHRISTIAN SMEKTALA

**SECRETARY**

**05/01/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title OFFICER  
Name RUDOLF, RICHARD  
Address 1255 ENCLAVE PARKWAY  
SUITE 300  
City-State-Zip: HOUSTON TX 77077