

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000001372

Entity Name: NIAGARA BLOWER COMPANY**Current Principal Place of Business:**91 SAWYER AVENUE
TONAWANDA, NY 14150**Current Mailing Address:**5400 INTERNATIONAL TRADE DRIVE
RICHMOND, VA 23231 US**FEI Number:** NOT APPLICABLE**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 ASST TREASURER
Name ROHANI-SHUKLA, ANIL
Address 5400 INTERNATIONAL TRADE DRIVE
City-State-Zip: RICHMOND VA 23231

Title DIRECTOR, PRESIDENT
Name ATANASIO, JOHN C
Address 5400 INTERNATIONAL TRADE DRIVE
City-State-Zip: RICHMOND VA 23231

Title DIRECTOR, TREASURER &
CONTROLLER
Name LAWRENCE, JOSEPH M
Address 5400 INTERNATIONAL TRADE DRIVE
City-State-Zip: RICHMOND VA 23231

Title ASST TREASURER
Name MADISON, ROBERT T JR.
Address 5400 INTERNATIONAL TRADE DRIVE
City-State-Zip: RICHMOND VA 23231

Title DIRECTOR, SECRETARY, VP
Name CONNOLLY, WILLIAM J.
Address 5400 INTERNATIONAL TRADE DRIVE
City-State-Zip: RICHMOND VA 23231

Title VP
Name KURKUS, JAN
Address 91 SAWYER AVENUE
City-State-Zip: TONAWANDA NY 14150

Title ASST SECRETARY
Name LUND, JOHN
Address 5400 INTERNATIONAL TRADE DRIVE
City-State-Zip: RICHMOND VA 23231

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 T MADISON JR.

ASST TREASURER

04/06/2018

Electronic Signature of Signing Officer/Director Detail_____
Date