

2023 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 VP
Name BOUDA, CHRISTOPHER
Address 25 HARBOR PARK DRIVE
City-State-Zip: PORT WASHINGTON NY 11050

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

Title VP
Name CORNELL, BRETT
Address 25 HARBOR PARK DRIVE
City-State-Zip: PORT WASHINGTON NY 11050

Title VP
Name MCFADEN, FRANK
Address 25 HARBOR PARK DRIVE
City-State-Zip: PORT WASHINGTON NY 11050

Title TREASURER
Name MCFADEN, FRANK
Address 25 HARBOR PARK DRIVE
City-State-Zip: PORT WASHINGTON NY 11050

Title VP
Name O'REILLY, JAMES
Address 25 HARBOR PARK DRIVE
City-State-Zip: PORT WASHINGTON NY 11050

Title SECRETARY
Name O'REILLY, JAMES
Address 25 HARBOR PARK DRIVE
City-State-Zip: PORT WASHINGTON NY 11050

Title VP
Name RIVERS, AARON
Address 25 HARBOR PARK DRIVE
City-State-Zip: PORT WASHINGTON NY 11050

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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: FRANK MCFADEN

VICE PRESIDENT

04/25/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASSISTANT SECRETARY
Name TURSI, ADAM
Address 25 HARBOR PARK DRIVE
City-State-Zip: PORT WASHINGTON NY 11050

Title DIRECTOR
Name MCFADEN, FRANK
Address 25 HARBOR PARK DRIVE
City-State-Zip: PORT WASHINGTON NY 11050

Title ASSISTANT SECRETARY
Name LAM, CHI
Address 25 HARBOR PARK DRIVE
City-State-Zip: PORT WASHINGTON NY 11050

Title DIRECTOR
Name BOUDA, CHRISTOPHER
Address 25 HARBOR PARK DRIVE
City-State-Zip: PORT WASHINGTON NY 11050

Title ASSISTANT SECRETARY
Name FINK, LAURA
Address 25 HARBOR PARK DRIVE
City-State-Zip: PORT WASHINGTON NY 11050

Title ASSISTANT SECRETARY
Name MACGIBBON, PATRICIA
Address 25 HARBOR PARK DRIVE
City-State-Zip: PORT WASHINGTON NY 11050