## 2024 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

**FILED** Apr 22, 2024

**Secretary of State** 

1309839637CC

Officer/Director Detail :

Title Title **PRESIDENT** 

BOUDA, CHRISTOPHER Name Name GURUGUNTALA, NARESH 25 HARBOR PARK DRIVE 25 HARBOR PARK DRIVE Address Address

City-State-Zip: PORT WASHINGTON NY 11050 PORT WASHINGTON NY 11050 City-State-Zip:

VΡ Title Title VΡ

MCFADEN, FRANK Name CORNELL, BRETT Name

Address 2200 PENNSYLVANIA AVE., NW SUITE Address 2200 PENNSYLVANIA AVE., NW SUITE 800W

800W

City-State-Zip: WASHINGTON DC 20037 WASHINGTON DC 20037

Title VΡ Title **TREASURER** 

Name O'REILLY, JAMES MCFADEN, FRANK Name

Address 2200 PENNSYLVANIA AVE., NW SUITE 2200 PENNSYLVANIA AVE., NW SUITE Address

> 800W 800W

City-State-Zip: WASHINGTON DC 20037 WASHINGTON DC 20037 City-State-Zip:

**SECRETARY** Title ASSISTANT SECRETARY Title

Name TURSI, ADAM Name O'REILLY, JAMES

2200 PENNSYLVANIA AVE., NW SUITE Address 25 HARBOR PARK DRIVE Address

800W

PORT WASHINGTON NY 11050 City-State-Zip: City-State-Zip: WASHINGTON DC 20037

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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.

04/22/2024 SIGNATURE: FRANK MCFADEN VICE PRESIDENT

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name BOUDA, CHRISTOPHER

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 MCFADEN, FRANK

Address 2200 PENNSYLVANIA AVE., NW SUITE

800W

City-State-Zip: WASHINGTON DC 20037