

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000001835

**Entity Name:** GARDNER DENVER, INC.

**Current Principal Place of Business:**

222 EAST ERIE STREET  
SUITE 500  
MILWAUKEE, WI 53202

**Current Mailing Address:**

222 EAST ERIE STREET  
SUITE 500  
MILWAUKEE, WI 53202 US

**FEI Number: 76-0419383**

**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	CEO, DIRECTOR
Name	WALLACE , PETER
Address	222 EAST ERIE STREET SUITE 500
City-State-Zip:	MILWAUKEE WI 53202
Title	VP, GENERAL COUNSEL, SECRETARY
Name	SCHIESL , ANDREW
Address	222 EAST ERIE STREET SUITE 500
City-State-Zip:	MILWAUKEE WI 53202
Title	DIRECTOR
Name	VELASCO , PASTOR
Address	222 EAST ERIE STREET SUITE 500
City-State-Zip:	MILWAUKEE WI 53202
Title	DIRECTOR
Name	STAVROS , PETER
Address	222 EAST ERIE STREET SUITE 500
City-State-Zip:	MILWAUKEE WI 53202

Title	TREASURER
Name	SWEENEY , MARK
Address	222 EAST ERIE STREET SUITE 500
City-State-Zip:	MILWAUKEE WI 53202
Title	DIRECTOR
Name	WEISENBECK , JOSHUA T.
Address	222 EAST ERIE STREET SUITE 500
City-State-Zip:	MILWAUKEE WI 53202
Title	DIRECTOR
Name	VANDE STEEG , NICKOLAS
Address	222 EAST ERIE STREET SUITE 500
City-State-Zip:	MILWAUKEE WI 53202
Title	DIRECTOR
Name	MARN , MIKE
Address	222 EAST ERIE STREET SUITE 500
City-State-Zip:	MILWAUKEE WI 53202

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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: ANDREW SCHIESL**

**SECRETARY**

**04/14/2015**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name KASSLING , BILL  
Address 222 EAST ERIE STREET  
SUITE 500  
City-State-Zip: MILWAUKEE WI 53202

Title DIRECTOR  
Name COTE , DAVE  
Address 222 EAST ERIE STREET  
SUITE 500  
City-State-Zip: MILWAUKEE WI 53202

Title DIRECTOR  
Name BRAHM , BRANDON F.  
Address 222 EAST ERIE STREET  
SUITE 500  
City-State-Zip: MILWAUKEE WI 53202