


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90019 019 ***150.00

DOCUMENT # F02000001835

1. Entity Name
GARDNER DENVER, INC.



Principal Place of Business Mailing Address

1800 GARDNER EXPRESSWAY **1800 GARDNER EXPRESSWAY**
QUINCY, IL 62301 **QUINCY, IL 62301**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

1800 GARDNER EXPRESSWAY **1800 GARDNER EXPRESSWAY**


Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Quincy, IL **Quincy, IL**

Zip Country Zip Country

62301 **USA** **62301** **USA**



01242007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

76-0419383 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> Delete
NAME	CENTANNI, ROSS J	
STREET ADDRESS	1800 GARDNER EXPRESSWAY	
CITY-ST-ZIP	QUINCY, IL 62301	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARGER, DONALD G JR.	
STREET ADDRESS	10990 ROE AVE.	
CITY-ST-ZIP	OVERLAND PARK, KS 66211	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIPP, RAYMOND R	
STREET ADDRESS	600 HART ROAD SUITE 300	
CITY-ST-ZIP	BARRINGTON, IL 60010	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKENNA, THOMAS M	
STREET ADDRESS	7801 EAST BUSH LAKE ROAD SUITE 100	
CITY-ST-ZIP	BLOOMINGTON, MN 55439	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHUMACHER, DIANE K	
STREET ADDRESS	600 TRAVIS SUITE 5800	
CITY-ST-ZIP	HOUSTON, TX 77002	
TITLE	VS	<input type="checkbox"/> Delete
NAME	PAGLIARA, TRACY D	
STREET ADDRESS	1800 GARDNER EXPRESSWAY	
CITY-ST-ZIP	QUINCY, IL 62301	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tracy D. Pagliara Tracy D. Pagliara 217-222-5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #