

2006 FOR PROFIT CORPORATION ANNUAL REPORT


APPROVED
AND
FILED

112

06 SEP 15 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P19397
 1. Entity Name
PALL FILTRATION AND SEPARATIONS GROUP INC.



Principal Place of Business
**2118 GREENSPRING DRIVE
 TIMONIUM, MD 21093 US**

Mailing Address
**2118 GREENSPRING DRIVE
 TIMONIUM, MD 21093 US**


2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country



08312006 Chg-P CR2E034 (11/05)

4. FEI Number
36-3460013

Applied For
 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
 Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KRASNOFF, ERIC	
STREET ADDRESS	2200 NORTHERN BLVD	
CITY-ST-ZIP	EAST HILLS, NY 11548	
TITLE	DPT	<input checked="" type="checkbox"/> Delete
NAME	WILSON, MARCUS	
STREET ADDRESS	2200 NORTHERN BLVD	
CITY-ST-ZIP	EAST HILLS, NY 11548	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHISOLM, STEVEN	
STREET ADDRESS	2200 NORTHERN BLVD	
CITY-ST-ZIP	EAST HILLS, NY 11548	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEVENS, DONALD	
STREET ADDRESS	2200 NORTHERN BOULEVARD	
CITY-ST-ZIP	EAST HILLS, NY 11548	
TITLE	VAT	<input type="checkbox"/> Delete
NAME	SHIFLETT, ANTHONY	
STREET ADDRESS	2118 GREENSPRING DRIVE	
CITY-ST-ZIP	TIMONIUM, MD 21093	
TITLE	S	<input type="checkbox"/> Delete
NAME	BARTLETT, MARY ANN	
STREET ADDRESS	2200 NORTHERN BLVD	
CITY-ST-ZIP	EAST HILLS, NY 11548	

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	Director and President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marcus Wilson	
STREET ADDRESS	2200 Northern Blvd.	
CITY-ST-ZIP	East Hills, N.Y. 11548	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lisa McDermott	
STREET ADDRESS	2200 Northern Blvd.	
CITY-ST-ZIP	East Hills, N.Y. 11548	
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:  **Mary Ann Bartlett** **8-31-06** **516-484-5400**

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



CORPORATION SERVICE COMPANY

212

ACCOUNT NO. : 072100000032
 REFERENCE : 351757 4380050
 AUTHORIZATION : *[Signature]*
 COST LIMIT : \$ 550.00

ORDER DATE : September 1, 2006
 ORDER TIME : 1:57 PM
 ORDER NO. : 351757-005
 CUSTOMER NO: 4380050

ANNUAL REPORT FILING

NAME: PALL FILTRATION AND SEPARATIONS GROUP, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Pamela A Washington - Ext. 2936

EXAMINER'S INITIALS: _____

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 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 2006 SEP 15 PM 3:12
 NOT ENDORSED
 TO ACKNOWLEDGE
 SUFFICIENCY OF FILING