
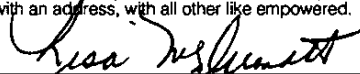


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 28, 2007 8:00 am**  
**Secretary of State**

06-28-2007 90001 002 \*\*\*550.00

<b>DOCUMENT # P19397</b>							
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 - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 36-3460013			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	KRASNOFF, ERIC	NAME					
STREET ADDRESS	2200 NORTHERN BLVD	STREET ADDRESS					
CITY-ST-ZIP	EAST HILLS, NY 11548	CITY-ST-ZIP					
TITLE	DP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	WILSON, MARCUS	NAME	CFOT Lisa McDermott				
STREET ADDRESS	2200 NORTHERN BLVD	STREET ADDRESS	2200 Northern Blvd				
CITY-ST-ZIP	EAST HILLS, NY 11548	CITY-ST-ZIP	East Hills, NY 11548				
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	CHISOLM, STEVEN	NAME					
STREET ADDRESS	2200 NORTHERN BLVD	STREET ADDRESS					
CITY-ST-ZIP	EAST HILLS, NY 11548	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	STEVENS, DONALD	NAME					
STREET ADDRESS	2200 NORTHERN BOULEVARD	STREET ADDRESS					
CITY-ST-ZIP	EAST HILLS, NY 11548	CITY-ST-ZIP					
TITLE	VAT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	SHIFLETT, ANTHONY	NAME					
STREET ADDRESS	2118 GREENSPRING DRIVE	STREET ADDRESS					
CITY-ST-ZIP	TIMONIUM, MD 21093	CITY-ST-ZIP					
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	BARTLETT, MARY ANN	NAME					
STREET ADDRESS	2200 NORTHERN BLVD	STREET ADDRESS					
CITY-ST-ZIP	EAST HILLS, NY 11548	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: 							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #		