

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19397

**Entity Name:** PALL FILTRATION AND SEPARATIONS GROUP INC.

**Current Principal Place of Business:**

2118 GREENSPRING DRIVE  
TIMONIUM, MD 21093

**Current Mailing Address:**

2118 GREENSPRING DRIVE  
TIMONIUM, MD 21093 US

**FEI Number: 36-3460013**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            PRESIDENT AND CHAIRMAN OF THE BOARD  
Name            CHANDY, RUBY  
Address        25 HARBOR PARK DRIVE  
City-State-Zip: PORT WASHINGTON NY 11050

Title            TREASURER  
Name            MOSCHELLA, FRANCIS  
Address        25 HARBOR PARK DRIVE  
City-State-Zip: PORT WASHINGTON NY 11050

Title            SECRETARY  
Name            BEHNIA, ROYA  
Address        25 HARBOR PARK DRIVE  
City-State-Zip: PORT WASHINGTON NY 11050

Title            DIRECTOR  
Name            CHISOLM, STEVEN  
Address        25 HARBOR PARK DRIVE  
City-State-Zip: PORT WASHINGTON NY 11050

Title            DIRECTOR  
Name            COLVIN, CATHLEEN  
Address        25 HARBOR PARK DRIVE  
City-State-Zip: PORT WASHINGTON NY 11050

Title            ASSISTANT SECRETARY  
Name            THOMAS, CHERITA  
Address        25 HARBOR PARK DRIVE  
City-State-Zip: PORT WASHINGTON NY 11050

Title            DIRECTOR  
Name            CHANDY, RUBY  
Address        25 HARBOR PARK DRIVE  
City-State-Zip: PORT WASHINGTON NY 11050

*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: CHERITA THOMAS**

**ASSISTANT SECRETARY    04/30/2013**

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

\_\_\_\_\_  
Date