

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90025 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P19397 ok**
 1. Corporation Name
USF Filtration and Separations Group Inc.

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5/26/88

2. Principal Place of Business
21 2118 Greenspring Dr.
 Suite, Apt. #, etc.

2a. Mailing Address
26 40-004 Cook St.
 Suite, Apt. #, etc.

4. FEI Number
36-3460013

Applied For
 Not Applicable

22 City & State
23 Timonium, MD

27 City & State
28 Palm Desert, CA

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

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

24 Zip Country
21093 USA

29 Zip Country
92211 USA

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT Corporation System
1200 South Pine Island Rd.
Plantation, FL 33324

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D.	<input type="checkbox"/> DELETE
NAME	Andrew Denver	
STREET ADDRESS	2118 Greenspring Dr.	
CITY-ST-ZIP	Timonium, MD 21093	
TITLE	D, VP + S	<input type="checkbox"/> DELETE
NAME	Kevin F. O'Neill	
STREET ADDRESS	2118 Greenspring Dr.	
CITY-ST-ZIP	Timonium, MD 21093	
TITLE	D, P	<input type="checkbox"/> DELETE
NAME	RON T. Eiley	
STREET ADDRESS	2118 Greenspring Dr.	
CITY-ST-ZIP	Timonium, MD 21093	
TITLE	D, VP	<input type="checkbox"/> DELETE
NAME	Kevin L. Spence	
STREET ADDRESS	40-004 COOK ST.	
CITY-ST-ZIP	Palm Desert, CA 92211	
TITLE	VP, AC, T	<input type="checkbox"/> DELETE
NAME	James W. Dierker	
STREET ADDRESS	40-004 COOK ST	
CITY-ST-ZIP	Palm Desert, CA 92211	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	AS	
6.3 STREET ADDRESS	Amy G. Bossin	
6.4 CITY-ST-ZIP	40-004 COOK ST.	
	Palm Desert, CA 92211	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Amy G. Bossin**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99 414-521-8504

Date

Daytime Phone #

CR2E034 (11/98)