State of New Hampshire
2009 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2009

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/23/2009

Business ID: 351895

William M. Gardner

Secretary of State

FLOWSERVE US INC.

5215 NORTH O'CONNOR BLVD STE 2300
IRVING, TX 75039

ENTITY TYPE: CORPORATION
BUSINESS ID: 351895
STATE OF DOMICILE: DELAWARE

MANUFACTURER OF PUMPS, SEALS AND VALVES

1

ADDRESS OF PRINCIPAL OFFICE:
5215 N O'CONNOR BLVD #2300
IRVING, TX 75039

REGISTERED AGENT AND OFFICE:
C T CORPORATION SYSTEM
9 CAPITOL ST
CONCORD, NH 03301

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If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐ The new mailing address

☐ The new principal office address

PO Box is acceptable.

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OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE OFFICER BELOW)

A

PRES. **Ronald F Shuff**
STREET **5215 N. O'connor Blvd, Suite 2300**
CITY/STATE/ZIP **Irving Tx 75039**

V-PRES. **John M Nanos**
STREET **5215 N O'connor Blvd #2300**
CITY/STATE/ZIP **Irving Tx 75039**

TREAS. **Paul W Fehlman**
STREET **5215 N O'connor Blvd #2300**
CITY/STATE/ZIP **Irving Tx 75039**

NAME .....
STREET .....
CITY/STATE/ZIP

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

B

DIR. **Ronald F Shuff**
STREET **5215 N O'connor Blvd #2300**
CITY/STATE/ZIP **Irving Tx 75039**

DIR. **John M Nanos**
STREET **5215 N O'connor Blvd #2300**
CITY/STATE/ZIP **Irving Tx 75039**

DIR. **Kathy Bethune**
STREET **5215 N O'connor Blvd #2300**
CITY/STATE/ZIP **Irving Tx 75039**

DIR. **Tom Keckeisen**
STREET **5215 N O'connor Blvd #2300**
CITY/STATE/ZIP **Irving Tx 75039**

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

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To be signed by an officer, director, or any other person authorized by the board of directors.
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: **Kathy Bethune**

Please print name and title of signer: **Kathy Bethune** / **DIRECTOR**
NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

035189520091003

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:
New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529