



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 119657		2. Name of Corporation Flowserve US Inc.		
3. Street Address Principal Business Office 5215 N. O'Connor Blvd., Suite 2300		City Irving	State TX	Zip 75039
4. Business Phone No 972-443-6500		5. State of Incorporation DELAWARE		6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island PUMPS, VERTICAL MAINTENANCE AND REPAIR				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Ronald F. Shuff		Vice President Name John M. Nanos		
Street Address 5215 N. O'Connor Blvd., Suite 2300		Street Address 5215 N. O'Connor Blvd., Suite 2300		
City Irving	State TX	Zip 75039	City Irving	State TX
Secretary Name John M. Nanos		Treasurer Name Paul Fehlman		
Street Address 5215 N. O'Connor Blvd., Suite 2300		Street Address 5215 N. O'Connor Blvd., Suite 2300		
City Irving	State TX	Zip 75039	City Irving	State TX
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Ronald F. Shuff		Director Name John M. Nanos		
Street Address 5215 N. O'Connor Blvd., Suite 2300		Street Address 5215 N. O'Connor Blvd., Suite 2300		
City Irving	State TX	Zip 75039	City Irving	State TX
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
Number of Shares		Class/Series		Par Value
1,000 COMM \$0.01 PAR VALUE		NONE		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



119657

File Date	By
MAR 14 2005	81748
Check No	
By	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer John M. Nanos Date 2/21/2005

John M. Nanos
Print or Type Name of Officer

Vice President/Secretary
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00


(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 119657		2. Name of Corporation Flowserve US Inc.			
3. Street Address Principal Business Office 5215 N. O'Connor Blvd., Suite 2300		City Irving	State TX	Zip 75039	
4. Business Phone No. 972-443-6500		5. State of Incorporation DELAWARE		6. SIC Code 1883	
7. Brief Description of the Character of Business Conducted in Rhode Island manufacturer of pumps, seals and valves.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Renee J. Hornbaker		Vice President Name Ronald F. Shuff			
Street Address 5215 N. O'Connor Blvd., Suite 2300		Street Address 5215 N. O'Connor Blvd., Suite 2300			
City Irving	State TX	Zip 75039	City Irving	State TX	Zip 75039
Secretary Name Ronald F. Shuff		Treasurer Name Dave Chavenson			
Street Address 5215 N. O'Connor Blvd., Suite 2300		Street Address 5215 N. O'Connor Blvd., Suite 2300			
City Irving	State TX	Zip 75039	City Irving	State TX	Zip 75039
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Ronald F. Shuff		Director Name John M. Nanos			
Street Address 5215 N. O'Connor Blvd., Suite 2300		Street Address 5215 N. O'Connor Blvd., Suite 2300			
City Irving	State TX	Zip 75039	City Irving	State TX	Zip 75039
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	common	\$0.01 par value	NONE		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date	8.27.09
Check No.	74003
By:	NUP
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.


Signature of Officer
John M. Nanos
Date
26/2004
Print or Type Name of Officer

Vice Pres/Asst Sec/Director
Title of Officer

ATTACHMENT O
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Corporate ID No. 119657

Name of Corporation: Flowserve US Inc.

8. NAMES AND ADDRESSES OF THE OFFICERS: Additional)

John M. Nanos
5215 N. O'Connor Blvd.
Suite 2300
Irving, TX 75039

Vice President and Assistant Secretary

John B. Nowlin
5215 N. O'Connor Blvd.
Suite 2300
Irving, TX 75039

Vice President and Assistant Treasurer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **119657** 2. Name of Corporation **Flowserve US Inc.**
3. Street Address Principal Business Office City State Zip
222 W. Las Colinas Blvd, #1500 Irving TX 75039
4. Business Phone No. 972-443-6500 5. State of Incorporation **DELAWARE** 6. SIC Code **1883**
7. Brief Description of the Character of Business Conducted in Rhode Island

manufacturer of pumps, seals and valves

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **X FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Renee J. Hornbaker Street Address 222 W. Las Colinas Blvd, #1500 City State Zip Irving TX 75039	Vice President Name Ronald F. Shuff Street Address 222 W. Las Colinas Blvd, #1500 City State Zip Irving TX 75039
Secretary Name Ronald F. Shuff Street Address 222 W. Las Colinas Blvd, #1500 City State Zip Irving TX 75039	Treasurer Name Dave Chavenson Street Address 222 W. Las Colinas Blvd, #1500 City State Zip Irving TX 75039

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Ronald F. Shuff Street Address 222 W. Las Colinas Blvd, #1500 City State Zip Irving TX 75039	Director Name John M. Nanos Street Address 222 W. Las Colinas Blvd, #1500 City State Zip Irving TX 75039
--	--

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 COMM \$0.01 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
None

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 9 6 5 7 *

File Date: 2/4/03

Check No.: 63902

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2/3/2003
Signature of Officer Date

John M. Nanos
Print or Type Name of Officer
Vice Pres/Asst. Sec/Director

Title of Officer

**ATTACHMENT TO
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Corporate ID No. 119657

Name of Corporation: Flowserve US Inc

8. NAMES AND ADDRESSES OF THE OFFICERS: (Additional)

John M. Nanos Vice President and Assistant Secretary
222 W. Las Colinas Blvd., Suite 1500
Irving, TX 75039

John B. Nowlin Vice President and Assistant Treasurer
222 W. Las Colinas Blvd., Suite 1500
Irving, TX 75039



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

119657

2. Name of Corporation

Flowserve US Inc.

3. Street Address Principal Business Office

222 W. Las Colinas Blvd., Ste 1500

City

Irving

State

TX

Zip

75039

4. Business Phone No.

(972) 443-6500

5. State of Incorporation

DELAWARE

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

manufacturer of pumps, seals & valves

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Renee J. Hornbaker

Vice President Name

Ronald F. Shuff

Street Address

222 W. Las Colinas Blvd., Ste 1500

Street Address

222 W. Las Colinas Blvd., Ste 1500

City

Irving

State

TX

Zip

75039

City

Irving

State

TX

Zip

75039

Secretary Name

Ronald F. Shuff

Treasurer Name

Dave Chavenson

Street Address

222 W. Las Colinas Blvd., Ste 1500

Street Address

222 W. Las Colinas Blvd., Ste 1500

City

Irving

State

TX

Zip

75039

City

Irving

State

TX

Zip

75039

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

Ronald F. Shuff

Director Name

John M. Nanos

Street Address

222 W. Las Colinas Blvd., Ste 1500

Street Address

222 W. Las Colinas Blvd., Ste 1500

City

Irving

State

TX

Zip

75039

City

Irving

State

TX

Zip

75039

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM \$0.01 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

-0-

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 9 6 5 7 *

File Date: 2/4/02

Check No.: 54564

By: 912

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

John M. Nanos,

Print or Type Name of Officer

Vice President/Asst. Sec./Director

Title of Officer

5

Form 630 12/01