

1.) CORPORATION NAME:

**Porvair Filtration Group, Inc.**

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1695297**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 100,000    |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NC**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10190 MAPLE LEAF CT

CITY/ST/ZIP: ASHLAND, VA 23005

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

|                 |                     |                                  |  |
|-----------------|---------------------|----------------------------------|--|
| NAME:           | DAVID AMEY          | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR            |                                  |  |
| ADDRESS:        | 10190 MAPLE LEAF CT |                                  |  |
| CITY/ST/ZIP/CO: | ASHLAND, VA 23005   |                                  |  |

|                 |                          |   |  |
|-----------------|--------------------------|---|--|
| NAME:           | TIM KRIEGEL              | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | TREASURER                |   |  |
| ADDRESS:        | 700 SHEPHERD STREET      |   |  |
| CITY/ST/ZIP/CO: | HENDERSONVILLE, NC 28792 |   |  |

|                 |                        |                                  |  |
|-----------------|------------------------|----------------------------------|--|
| NAME:           | DAVID MELLOR           | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR               |                                  |  |
| ADDRESS:        | 10190 MAPLE LEAF COURT |                                  |  |
| CITY/ST/ZIP/CO: | ASHLAND, VA 23005      |                                  |  |

|                 |                          |   |  |
|-----------------|--------------------------|---|--|
| NAME:           | BEN STOCKS               | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | CEO CHAIRMAN             |   |  |
| ADDRESS:        | 700 SHEPHERD STREET      |   |  |
| CITY/ST/ZIP/CO: | HENDERSONVILLE, NC 28792 |   |  |

|                 |                        |                                  |  |
|-----------------|------------------------|----------------------------------|--|
| NAME:           | CHRIS TYLER            | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR               |                                  |  |
| ADDRESS:        | 10190 MAPLE LEAF COURT |                                  |  |
| CITY/ST/ZIP/CO: | ASHLAND, VA 23005      |                                  |  |

|                 |                          |   |                                   |
|-----------------|--------------------------|---|-----------------------------------|
| NAME:           | CHRISTOPHER FRANCIS AMEY | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | PRESIDENT                |   |                                   |
| ADDRESS:        | 10190 MAPLE LEAF COURT   |   |                                   |
| CITY/ST/ZIP/CO: | ASHLAND, VA 23005        |   |                                   |

|  |   |                   |
|--|---|-------------------|
| NAME: NINA M GETCHELL<br>TITLE: VICE PRESIDENT<br>ADDRESS: 10190 MAPLE LEAF COURT<br>CITY/ST/ZIP/CO: ASHLAND, VA 23005   | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR |                   |
| NAME: TREVOR WAGHORN<br>TITLE: VICE PRESIDENT<br>ADDRESS: 10190 MAPLE LEAF COURT<br>CITY/ST/ZIP/CO: ASHLAND, VA 23005  | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR |                   |
| NAME: TOM LIDDELL<br>TITLE: DIRECTOR<br>ADDRESS: 10190 MAPLE LEAF COURT<br>CITY/ST/ZIP/CO: ASHLAND, VA 23005   | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |                   |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.  |   |                   |
| /s/ NINA MGETCHELL<br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT  | NINA MGETCHELL,<br>PRINTED NAME AND CORPORATE TITLE                           | 1/11/2013<br>DATE |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. |   |                   |