

Mail to: PO Box 308
Trenton, NJ 08646

FEE REQUIRED

STATE OF NEW JERSEY
DIVISION OF REVENUE

Overnight to: 13 West State St.
5th Floor
Trenton, NJ 08608-1001

REGISTRATION OF ALTERNATE NAME

C-150G

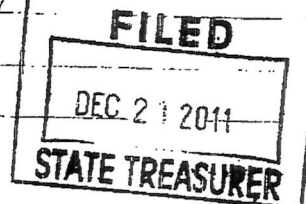
Complete the following applicable information, and sign in the space provided. Please note that once filed, the information contained in the filed form is considered public. Refer to the instructions on page 26 for filing fees and field-by-field requirements. Remember to remit the appropriate fee amount. Use attachments if more space is required for any field.

Check Appropriate Statute:

- Title 14A:2-2.1 (2) New Jersey Business Corporation Act
- Title 14A:2-2.3 (b) New Jersey Nonprofit Corporation Act
- Title 42:2B-4 Limited Liability Company
- Title 42:2A-6 Limited Partnership

Pursuant to the provisions of the appropriate statute, checked above, of the New Jersey Statutes, the undersigned corporate business entity hereby applies for the registration of an Alternate Name in New Jersey for a period of five (5) years, and for that purpose sets forth the following application:

1. Name of Corporation/Business: Xylem Dewatering Solutions, Inc. *ANA*
2. NJ 10-digit ID number: 0100029035
3. Set forth state of Original Incorporation/Formation: New Jersey
4. Date of Incorporation/Formation: 11/17/1976
Date of Authorization (Foreign): _____
5. Alternate Name to be used: Godwin Pumps of America *0100029035*
6. State the purpose or activity to be conducted using the Alternate Name: Corporate business activities under Title 14A
7. The Business intends to use the Alternate Name in this State.
8. The Business has not previously used the Alternate Name in this State in violation of this Statute, or, if it has, the month and year in which it commenced such use is: _____



Signature requirements:

For Corporations
For Limited Partnerships
For all Other Business Types

Chairman of the Board, President, Vice-President
General Partner
Authorized Representative

SIGNATURE: _____

President
TITLE: _____

Michel Bakhos
NAME (please type): _____

12/20/2011
DATE: _____

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THE PURPOSE OF THIS FORM IS TO SIMPLIFY THE FILING REQUIREMENTS. IT DOES NOT REPLACE THE NEED FOR COMPETENT LEGAL ADVICE.