2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# 819257

Entity Name: EATON CORPORATION

Current Principal Place of Business:

EATON CENTER
1111 SUPERIOR AVENUE
CLEVELAND, OH 44114 US

New Principal Place of Business:

Current Mailing Address:

EATON CENTER TAX DEPARTMENT
1111 SUPERIOR AVENUE
CLEVELAND, OH 44114 US

New Mailing Address:

FEI Number: 34-0196300 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VPT ( ) Delete
Name: SEMELSBERGER, KEN D
Address: 1111 SUPERIOR AVENUE
City-St-Zip: CLEVELAND, OH 44114

Title: D ( ) Delete
Name: MILLER, JOHN R
Address: 7511 CREEK VIEW TRAIL
City-St-Zip: CHAGRIN FALLS, OH 44023

Title: D ( ) Delete
Name: GREEN, ERNIE
Address: 424 RUE MARSEILLE
City-St-Zip: KETTERING, OH 45429

Title: VS ( ) Delete
Name: FRANKLIN, EARL R
Address: 1111 SUPERIOR AVENUE
City-St-Zip: CLEVELAND, OH 44114

Title: CEOD ( ) Delete
Name: CUTLER, ALEXANDER M
Address: 1860 BERKSHIRE ROAD
City-St-Zip: GATES MILLS, OH 44040

Title: VCFO ( ) Delete
Name: FEARON, RICHARD H
Address: 1111 SUPERIOR AVENUE
City-St-Zip: CLEVELAND, OH 44114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPT (X) Change ( ) Addition
Name: MCMAKEN, KURT
Address: 1111 SUPERIOR AVENUE
City-St-Zip: CLEVELAND, OH 44114

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPS (X) Change ( ) Addition
Name: MORAN, THOMAS E
Address: 1111 SUPERIOR AVENUE
City-St-Zip: CLEVELAND, OH 44114

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS E MORAN VPS 04/20/2009

Electronic Signature of Signing Officer or Director — Date