FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **829859** **(8)**

1. Corporation Name
BALDOR ELECTRIC COMPANY

Principal Place of Business	Mailing Address
5711 S 7TH ST FT SMITH AR 72901	5711 S 7TH ST FT SMITH AR 72901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/10/1973	3a. Date of Last Report: 05/01/1994
4. FEI Number: 43-0168840	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 · County 25	Zip 29 · County 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______________________ DATE ________

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	AS	11 TITLE ☐ Change ☐ Addition
NAME	SCHOCK, G A	12 NAME
STREET ADDRESS	10473 BELLEFONTAINE RD	13 STREET ADDRESS
CITY-ST-ZIP	ST LOUIS, MO 00000	14 CITY-ST-ZIP
TITLE	PD	21 TITLE ☐ Change ☐ Addition
NAME	QUALLS, R. L.	22 NAME
STREET ADDRESS	2407 GREEN RIDGE DR.	23 STREET ADDRESS
CITY-ST-ZIP	FT SMITH AR	24 CITY-ST-ZIP
TITLE	C	31 TITLE ☐ Change ☐ Addition
NAME	BOREHAM JR, R S	32 NAME
STREET ADDRESS	5309 YANTIS	33 STREET ADDRESS
CITY-ST-ZIP	FORT SMITH, AR 00000	34 CITY-ST-ZIP
TITLE	VST	41 TITLE ☐ Change ☐ Addition
NAME	DAVIS, LLOYD	42 NAME
STREET ADDRESS	3220 VILLAGE RD	43 STREET ADDRESS
CITY-ST-ZIP	FT. SMITH AR	44 CITY-ST-ZIP
TITLE	V	51 TITLE ☐ Change ☐ Addition
NAME	PEERBOLTE, JERRY D.	52 NAME
STREET ADDRESS	2212 BRIGADOON	53 STREET ADDRESS
CITY-ST-ZIP	FT SMITH AR	54 CITY-ST-ZIP
TITLE	V	61 TITLE ☐ Change ☐ Addition
NAME	ATKINS, THEODORE W.	62 NAME
STREET ADDRESS	11011 HUNTERS POINT ROA	63 STREET ADDRESS
CITY-ST-ZIP	FORT SMITH AR	64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Lloyd G Davis 4/18/95 (501)646-4711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #

0490669 FN