

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90020 001 ***150.00

DOCUMENT # 829859

1. Corporation Name

BALDOR ELECTRIC COMPANY

Principal Place of Business

5711 RS BOREHAM, JR ST
FT SMITH AR 72902

Mailing Address

5711 RS BOREHAM, JR ST
FT SMITH AR 72902

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1973

4. FEI Number

43-0168840

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE
NAME HAYEDORN, GENE J
STREET ADDRESS 2630 END PLACE
CITY-ST-ZIP FORT SMITH AR 72901

TITLE VC ☐ DELETE
NAME QUALLS, R. L.
STREET ADDRESS 2407 GREEN RIDGE DR.
CITY-ST-ZIP FT SMITH AR

TITLE C ☐ DELETE
NAME BOREHAM JR, R S
STREET ADDRESS 2514 SOUTH 46TH ST
CITY-ST-ZIP FORT SMITH, AR 00000

TITLE VST ☐ DELETE
NAME DAVIS, LLOYD
STREET ADDRESS 1816 BRAMBLE BRAE
CITY-ST-ZIP FT. SMITH AR

TITLE V ☐ DELETE
NAME PEERBOLTE, JERRY D.
STREET ADDRESS 2212 BRIGADOON
CITY-ST-ZIP FT SMITH AR

TITLE P ☐ DELETE
NAME MCFARLAND, JOHN A
STREET ADDRESS 10413 STONELEIGE
CITY-ST-ZIP FT SMITH AR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99

Date

(501) 646-4711

Daytime Phone #

CR2E034 (11/98)

0551672