

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 829859

1. Entity Name

BALDOR ELECTRIC COMPANY

Principal Place of Business

Mailing Address

5711 RS BOREHAM, JR ST
FT SMITH AR 72902

5711 RS BOREHAM, JR ST
FT SMITH AR 72901-8301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

43-0168840

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME *Chief operating officer*
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 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

Date

Daytime Phone #

2-8-00