

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90030 045 ***150.00

DOCUMENT # F00000000482

1. Entity Name

SPX CORPORATION



Principal Place of Business

P.O. BOX 3301
MUSKEGON MI 49443-3301

Mailing Address

P.O. BOX 3301
MUSKEGON MI 49443-3301

2. Principal Place of Business

3. Mailing Address



MOORE CR2E034 (11/03)

Suite, Apt., #, etc.

13515 Ballantyne Corporate Place

Suite, Apt., #, etc.

13515 Ballantyne Corporate Place

City Charlotte, NC 28277

City Charlotte, NC 28277

4. FEI Number

38-1016240

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> Delete
NAME	BLYSTONE, JOHN B	
STREET ADDRESS	700 TERRACE POINT DRIVE	
CITY-ST-ZIP	MUSKEGON MI 49440	
TITLE	VS	<input type="checkbox"/> Delete
NAME	KEARNEY, CHRISTOPHER J	
STREET ADDRESS	700 TERRACE POINT DRIVE	
CITY-ST-ZIP	MUSKEGON MI 49440	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KLING, LEWIS M	
STREET ADDRESS	700 TERRACE POINT DRIVE	
CITY-ST-ZIP	MUSKEGON MI 49440	
TITLE	V	<input type="checkbox"/> Delete
NAME	FOREMAN, ROBERT	
STREET ADDRESS	700 TERRACE POINT DRIVE	
CITY-ST-ZIP	MUSKEGON MI 49440	
TITLE	VT	<input type="checkbox"/> Delete
NAME	O'LEARY, PATRICK J	
STREET ADDRESS	700 TERRACE POINT DRIVE	
CITY-ST-ZIP	MUSKEGON MI 49440	
TITLE	V	<input type="checkbox"/> Delete
NAME	RIORDAN, THOMAS J	
STREET ADDRESS	700 TERRACE POINT DRIVE	
CITY-ST-ZIP	MUSKEGON MI 49440	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patrick J. O'Leary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-2-04 231-724-5774