

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90023 024 ***150.00

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1. Entity Name

SPX CORPORATION



Principal Place of Business

13515 BALLANTYNE CORPORATE PLACE.
CHARLOTTE NC 28277

Mailing Address

13515 BALLANTYNE CORPORATE PLACE.
CHARLOTTE NC 28277



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

38-1016240

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

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, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME: PD
STREET ADDRESS: KEARNEY, CHRISTOPHER J
CITY - ST - ZIP: 700 TERRACE POINT DRIVE
MUSKEGON MI 49440 ☐ Delete

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

TITLE
NAME: V
STREET ADDRESS: FOREMAN, ROBERT
CITY - ST - ZIP: 700 TERRACE POINT DRIVE
MUSKEGON MI 49440 ☐ Delete

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

TITLE
NAME: VT
STREET ADDRESS: O'LEARY, PATRICK J
CITY - ST - ZIP: 700 TERRACE POINT DRIVE
MUSKEGON MI 49440 ☐ Delete

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

TITLE
NAME: V
STREET ADDRESS: RIORDAN, THOMAS J
CITY - ST - ZIP: 700 TERRACE POINT DRIVE
MUSKEGON MI 49440 ☒ Delete

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

TITLE
NAME: ☐ Delete
STREET ADDRESS:
CITY - ST - ZIP:

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

2/5/07

231-737-5017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #