2000 UNIFORM BUSINESS REPORT (UBR)

Vice President/CFO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED May 13, 2000 8:00 am Secretary of State DOCUMENT # F93000003720 1. Entity Name RITTAL CORP. 05-13-2000 90043 001 ***150 00 Principal Place of Business Mailing Address ONE RITTAL PLACE ONE RITTAL PLACE SPRINGFIELD OH 45504 SPRINGFIELD OH 45504 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 31-1029409 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 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 Christian Koch SIGNATURE Vice President/CFO Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE ☐ Delete TITLE HIRT, JAMES NAME WAGNER, HANS J NAME ONE RITTAL PLACE STREET ADDRESS STREET ADDRESS ONE RITTAL PLACE CITY-ST-ZIP SPRINGFIELD, DH CITY-ST-ZIP SPRINGFIELD OH Addition TITLE <u>Fil</u> Change Delete TITLE KOCH, CHRISTIAN FREUND, HAROLD NAME NAME ONE RITTAL PLACE STREET ADDRESS STREET ADDRESS ONE RITTAL PLACE CITY-ST-ZIP springfield. CITY-ST-ZIP SPRINGFIELD OH Change MA Addition Delete TITLE TITLE MILLER, DIXON NORBERT MUELLER NAME NAME 41 SOUTH HIGH ST. STREET ADDRESS STREET ADDRESS AVF DEM STEVTZELBERG CITY-ST-ZIP CITY-ST-ZIP COLUMBUS, OH D-35745 HERBORN GE ☐ Change Addition TITLE Delete TITLE SCHMID, WILL! AUF DEM STRUETZELBERG WEIST, JAMES MAME NAME STREET ADDRESS ONE RITTAL PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP D. 35745 HERBORN, GERMANY SPRINGFIELD OH 45504 **Addition** X Delete Change TITLE TITLE WOBST, FRANK BORABABY, GEORGE NAME NAME ONE EITTAL PLACE STREET ADDRESS 2550 M STREET, N.W. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WASHINGTON DC SPRINGFIELD OH CD ☐ Delete TITLE ☐ Change ☐ Addition TITLE LOH. FRIEDHELM NAME NAME STREET ADDRESS STREET ADDRESS AUF DEM STEUTZELBERG CITY-ST-ZIP CITY-ST-ZIP D-35745 HERBORN, GERMANY 13. I hereby certify that the information supplied with this filling 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.