

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91646 038 \*\*\*150.00

**DOCUMENT # F93000003720**

**1. Entity Name**  
**RITTAL CORP.**

**Principal Place of Business**

**ONE RITTAL PLACE**  
**SPRINGFIELD OH 45504**

**Mailing Address**

**ONE RITTAL PLACE**  
**SPRINGFIELD OH 45504**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**31-1029409**

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**

**THE PRENTICE-HALL CORPORATION SYSTEM INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

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, 2002 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** PTD ☒ Delete  
**NAME** WAGNER, HANS J  
**STREET ADDRESS** ONE RITTAL PLACE  
**CITY-ST-ZIP** SPRINGFIELD OH

**TITLE** PTD ☐ Change ☒ Addition  
**NAME** BEYER, MICHAEL  
**STREET ADDRESS** ONE RITTAL PLACE  
**CITY-ST-ZIP** SPRINGFIELD OH

**TITLE** V ☐ Delete  
**NAME** WATSON, DAVID W  
**STREET ADDRESS** ONE RITTAL PLACE  
**CITY-ST-ZIP** SPRINGFIELD OH 45504

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

**TITLE** D ☐ Delete  
**NAME** NORBERT MUELLER  
**STREET ADDRESS** AVF DEM STEVTZELBERG  
**CITY-ST-ZIP** D-35745 HERBORN GE

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

**TITLE** V ☐ Delete  
**NAME** WEIST, JAMES  
**STREET ADDRESS** ONE RITTAL PLACE  
**CITY-ST-ZIP** SPRINGFIELD OH 45504

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

**TITLE** S ☐ Delete  
**NAME** MILLER, DIXON  
**STREET ADDRESS** 41 SOUTH HIGH STREET  
**CITY-ST-ZIP** COLUMBUS OH 43215

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

**TITLE** CD ☐ Delete  
**NAME** LOH, FRIEDHELM  
**STREET ADDRESS** AUF DEM STEUTZELBERG  
**CITY-ST-ZIP** D-35745 HERBORN, GERMANY

**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 #

DAVID W. WATSON 4/30/02 937-399-0500

CR2E034 (9/01)