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FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000004438 (8)

1. Corporation Name

RELANCE MOTION CONTROL, INC.

Principal Place of Business

8085 PARKLAND BOULEVARD
CLEVELAND OH 44124-6106

Mailing Address

625 LIBERTY AVE., PB08
PITTSBURGH PA 15222-3123
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1993

4. FEI Number

31-1331057

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (Type or print name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T
CRAMER, LEE H.
625 LIBERTY AVE
PITTSBURGH PA

TITLE NAME STREET ADDRESS CITY-ST-ZIP

AT
STOOPS, C.C. J
625 LIBERTY AVE
PITTSBURGH PA

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SD
MCKENNEY, SAMUEL S.
625 LIBERTY AVE
PITTSBURGH PA

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P
GALLAGHER, WILLIAM C
6850 WASHINGTON AVE, S
EDEN PRAIRIE MN

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
GLORE, JODIE K.
1201 S SECOND ST
MILWAUKEE WI

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
KRUEGER, KENNETH W.
1201 S SECOND ST
MILWAUKEE WI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

W T Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-98
Date

412-5652915
Daytime Phone # 0007211

CR2E034 (10/97)