FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 MAY 10 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000004438

1. Corporation Name
RELIANCE MOTION CONTROL, INC.

Principal Place of Business
8065 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 Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 c/o Arthur Andersen LLP
Suite, Apt #, etc
27 633 W. Fifth St., 26th Fl.
City & State
28 Los Angeles, CA
Zip 29 90071 Country 30 USA

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 — 85 Zip Code

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-05/13/99--01103--017
****150.00 ****150.00
FL

11. Pursuant to the provisions of Sections 607.0502 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
T	CRAMER, LEE H.	625 LIBERTY AVE	PITTSBURGH PA	[X]
AT	STOOPS, C.C. J	625 LIBERTY AVE	PITTSBURGH PA	[ ]
SD	MCKENNEY, SAMUEL S.	625 LIBERTY AVE	PITTSBURGH PA	[X]
P	GALLAGHER, WILLIAM C	6950 WASHINGTON AVE, S	EDEN PRAIRIE MN	[ ]
D	GLORE, JODIE K.	1201 S SECOND ST	MILWAUKEE WI	[ ]
D	KRUEGER, KENNETH W.	1201 S SECOND ST	MILWAUKEE WI	[X]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

#	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change / Addition
1	Treasurer	Popovec, D J	600 Anton Boulevard, Suite 700	Costa Mesa, CA 92628	[X] Addition
2	Asst Treasurer	S. S. Gardner	600 Anton Boulevard, Suite 700	Costa Mesa, CA 92628	[X] Addition
3	Secretary	Moen, E T	600 Anton Boulevard, Suite 700	Costa Mesa, CA 92628	[X] Addition
4			600 Anton Boulevard, Suite 700	Costa Mesa, CA 92628	[X] Change
5	Director	R. K. Beck	600 Anton Boulevard, Suite 700	Costa Mesa, CA 92628	[X] Addition
6	Asst Treasurer	I. G WEST	600 Anton Boulevard, Suite 700	Costa Mesa, CA 92628	[X] Addition

JS

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, with all other like empowered.

SIGNATURE: I G West — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
I. G. WEST ASST TREASURER

5-3-99 Date — 714 424-4200 Daytime Phone #

CR2E034 (11/98)