

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004438

1. Entity Name

RELiance MOTION CONTROL, INC.

FILED

Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90093 017 ***150.00

Principal Place of Business

Mailing Address

6065 PARKLAND BOULEVARD
CLEVELAND OH 44124-6106

% ARTHUR ANDERSEN LLP
633 W. FIFTH STREET, 26TH FLOOR
LOS ANGELES CA 90071-2005

PLEASE NOTE MAILING ADDRESS CHANGE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

53802

USA

4. FEI Number 31-1331057

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.

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, 2000 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	T	POPOVEC, D.J.	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		600 ANTON BLVD., STE. 700	
CITY-ST-ZIP		COSTA MESA CA 92628	
TITLE	AT	STOOPS, C.C. J	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		625 LIBERTY AVE	
CITY-ST-ZIP		PITTSBURGH PA	
TITLE	AT	GARDNER, S.S.	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		600 ANTON BLVD., STE. 700	
CITY-ST-ZIP		COSTA MESA CA 92628	
TITLE	P	GALLAGHER, WILLIAM C	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		600 ANTON BLVD., STE. 700	
CITY-ST-ZIP		COSTA MESA CA 92628	
TITLE	D	GLORE, JODIE K.	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		1201 S SECOND ST	
CITY-ST-ZIP		MILWAUKEE WI	
TITLE	S	MOEN, E.T.	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		600 ANTON BLVD., STE. 700	
CITY-ST-ZIP		COSTA MESA CA 92628	

TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPOVEC, D.J.	
STREET ADDRESS	600 ANTON BLVD., STE. 700	
CITY-ST-ZIP	COSTA MESA CA 92628	
TITLE	ASSISTANT TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. RICHARD CRIEBS	
STREET ADDRESS	600 ANTON BLVD., STE. 700	
CITY-ST-ZIP	COSTA MESA CA 92628	
TITLE	ASSISTANT TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, S.S.	
STREET ADDRESS	600 ANTON BLVD., STE. 700	
CITY-ST-ZIP	COSTA MESA CA 92628	
TITLE	ASSISTANT TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENT COPPINS	
STREET ADDRESS	600 ANTON BLVD., STE. 700	
CITY-ST-ZIP	COSTA MESA CA 92628	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT K. BECK	
STREET ADDRESS	600 ANTON BLVD., STE. 700	
CITY-ST-ZIP	COSTA MESA CA 92628	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOEN, E.T.	
STREET ADDRESS	600 ANTON BLVD., STE. 700	
CITY-ST-ZIP	COSTA MESA CA 92628	

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 3/16/2000 414 212 5532

CR2E034 (9/99)