

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

0649451 AT

**DOCUMENT # F93000004438**

1. Entity Name  
**RELANCE MOTION CONTROL, INC.**



04-28-2003 91420 029 \*\*\*150.00

Principal Place of Business  
**777 E. WISCONSIN AVE  
SUITE 1553  
MILWAUKEE WI 53202  
US**

Mailing Address  
**C/O ROCKWELL INTERNATIONAL CORP.  
777 EAST WISCONSIN AVENUE, SUITE 1553  
MILWAUKEE WI 53202  
US**



2. Principal Place of Business  
**777 E. Wisconsin Avenue**  
Suite/Apt. #, etc.  
**1400**

3. Mailing Address  
**777 E. Wisconsin Avenue**  
Suite/Apt. #, etc.  
**1400**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Milwaukee, WI**

Zip  
**53202**

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BALISTRERI, KAREN 777 E. WISCONSIN AVE., SUITE 1400 MILWAUKEE WI 53202</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP CALISE, WILLIAM J JR 777 E. WISCONSIN AVE., SUITE 1400 MILWAUKEE WI 53202</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS BALLESTERDS, GARY 777 E. WISCONSIN AVE. STE 1251 MILWAUKEE WI 53202</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT COPPINS, KENT 777 E. WISCONSIN AVE., SUITE 1553 MILWAUKEE WI 53202</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Treasurer STEVEN W. ETZEL 777 E. WISCONSIN Avenue MILWAUKEE, WI 53202</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary John M. Miller 777 E. Wisconsin Avenue Milwaukee, WI 53202</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Thomas J. Mullany 777 E. Wisconsin Avenue Milwaukee, WI 53202</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**KENT COPPINS** **REQUIRED SIGNATURE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**414-212-5149**

CR2E034 (10/02)