

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 28 1997 8:00am
Secretary of State

DOCUMENT # F93000005932 (9)

1. Corporation Name
SPX CORPORATION



Principal Place of Business

700 TERRACE POINT DR.
MUSKEGON MI 49443

Mailing Address

700 TERRACE POINT DR.
MUSKEGON MI 49443

3. Date Incorporated or Qualified
12/29/1993

3a. Date of Last Report
04/16/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

38-1016240

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 607.0502 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 fee if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME LISON, S.A.
STREET ADDRESS 700 TERRACE POINT DRIVE
CITY - ST - ZIP MUSKEGON MI

TITLE V ☐ DELETE

NAME SHERIDAN, J M
STREET ADDRESS 700 TERRACE POINT DR.
CITY - ST - ZIP MUSKEGON MI 49443

TITLE AS ☒ DELETE

NAME STAUFFER, M.M.
STREET ADDRESS 700 TERRACE POINT DRIVE
CITY - ST - ZIP MUSKEGON MI

TITLE VT ☐ DELETE

NAME HUFF, R.C.
STREET ADDRESS 700 TERRACE POINT DR.
CITY - ST - ZIP MUSKEGON MI 49443

TITLE V ☒ DELETE

NAME ZAGOTTA, AL
STREET ADDRESS 700 TERRACE POINT DR.
CITY - ST - ZIP MUSKEGON MI 49443

TITLE VP ☒ DELETE

NAME TYSON, J.D.
STREET ADDRESS 700 TERRACE POINT DRIVE
CITY - ST - ZIP MUSKEGON MI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE VP ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Sheridan

2-5-97

Date

616 724 5000

Daytime Phone #

0527660

CR2E034 (9/96)