

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**  
 05-03-2001 90950 024 \*\*\*150.00

0587643

**DOCUMENT # F94000002381**

**1. Entity Name**  
**CASE POWER EQUIPMENT CORPORATION**

**Principal Place of Business**

**700 STATE STREET  
 RACINE WI 53404**

**Mailing Address**

**700 STATE STREET  
 RACINE WI 53404**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

**4. FEI Number 76-0433811**

Applied For  
 Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
 Fee Required**

**6. Name and Address of Current Registered Agent**

**CT 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.**

**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, 2001 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**

**TITLE** DCFO ☒ Delete  
**NAME** FRENCH, THEODORE R  
**STREET ADDRESS** 700 STATE STREET  
**CITY-ST-ZIP** RACINE WI 53404

**TITLE** CCEO ☒ Delete  
**NAME** ROSSO, JEAN-PIERRE  
**STREET ADDRESS** 700 STATE STREET  
**CITY-ST-ZIP** RACINE WI 53404

**TITLE** TO ☐ Delete  
**NAME** STANCZYK, THOMAS J  
**STREET ADDRESS** 700 STATE STREET  
**CITY-ST-ZIP** RACINE WI 53404

**TITLE** V ☒ Delete  
**NAME** EVARD, JR. JOHN E.  
**STREET ADDRESS** 700 STATE STREET  
**CITY-ST-ZIP** RACINE WI

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** D/CFO ☒ Change ☐ Addition  
**NAME** LECOMTE, MICHEL  
**STREET ADDRESS** 100 S SAUNDERS ROAD  
**CITY-ST-ZIP** LAKE FOREST IL 60045

**TITLE** CCEO ☒ Change ☐ Addition  
**NAME** ROSSO, JEAN-PIERRE  
**STREET ADDRESS** 700 STATE STREET  
**CITY-ST-ZIP** RACINE, WI 53404

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** V ☒ Change ☐ Addition  
**NAME** BARRY J QUIRKE  
**STREET ADDRESS** 100 S SAUNDERS ROAD  
**CITY-ST-ZIP** LAKE FOREST, IL 60045

**TITLE** D/CEO ☐ Change ☒ Addition  
**NAME** PAOLO MONFERINO  
**STREET ADDRESS** 100 S SAUNDERS ROAD  
**CITY-ST-ZIP** LAKE FOREST IL 60045

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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

**THOMAS J STANCZYK**

**04/24/01**

Date

**(262) 636-0837**

Daytime Phone #

CR2E034 (10/00)