

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90015 045 ***150.00

DOCUMENT # F96000006452

1. Entity Name

ROCKWELL INTERNATIONAL CORPORATION

Principal Place of Business

Mailing Address

**777 S. WISCONSIN AVE
 STE 1553 - MW64
 MILWAUKEE WI 53202**

**777 S. WISCONSIN AVE
 STE 1553 - MW64
 MILWAUKEE WI 53202**

2. Principal Place of Business

777 E. Wisconsin Avenue

3. Mailing Address

777 E. Wisconsin Ave. Ste.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1400

Suite 1251

City & State

City & State

Milwaukee, WI

Milwaukee, WI

Zip

Zip

Country

Country

53202

USA

53202

USA

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	VPAT GARDNER, S S 777 E. WISCONSIN AVE. STE. 1553 (MW64) MILWAUKEE WI 53202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BECK, ROBERT K 1201 S. SECOND ST. MILWAUKEE WI 53204	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CALISE, WILLIAM J JR 777 E. WISCONSIN AVE., STE 1400 MILWAUKEE WI 53202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS BALLESTEROS, GARY 977 E. WISCONSIN AVE. STE. 1400 MILWAUKEE WI 53202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT VACHALEK, MARK D 777 S. WISCONSIN AVE. STE. 1553 (MW64) MILWAUKEE WI 53202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD BALISTREN, KAREN A 777 E. WISCONSIN AVE. STE. 1400 MILWAUKEE WI 53202	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD William J. Calise, Jr 777 E. Wisconsin Ave. Ste. 1400 Milwaukee, WI 53202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS John M. Miller 777 E. Wisconsin Ave. Ste. 1400 Milwaukee, WI 53202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Gary Balasteros 777 E. Wisconsin Ave. Ste. 1251 Milwaukee, WI 53202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Steven N. Etzel 777 E. Wisconsin Ave. Ste. 1400 Milwaukee, WI 53202	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Kent G. Coppins 777 E. Wisconsin Ave. Ste. 1251 Milwaukee, WI 53202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Thomas J. Nullany 777 E. Wisconsin Ave. Ste. 1400 Milwaukee, WI 53202	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

414.212.5465

CR2E034 (9/01)