

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90464 011 ***150.00

DOCUMENT # F99000004795

1. Entity Name

EMERSON ELECTRONIC CONNECTOR AND COMPONENTS COMP

Principal Place of Business

**299 JOHNSON AVENUE
WASECA MN 56093-0514**

Mailing Address

**8000 W. FLORISSANT AVE
P.O. BOX 4100
ST LOUIS MO 63136**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Sta. 3854

4. FEI Number **36-4165780**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SD** ☐ Delete
NAME **SMITH, HARLEY M**
STREET ADDRESS **8000 W. FLORISSANT AVE**
CITY-ST-ZIP **ST LOUIS MO 63136**

TITLE **Asst. Treasurer** ☐ Change ☒ Addition
NAME **Rabe, Dave J.**
STREET ADDRESS **8000 W. Florissant Ave.**
CITY-ST-ZIP **St. Louis, MO 63136**

TITLE **DCEO** ☐ Delete
NAME **BEVIS, HAROLD C**
STREET ADDRESS **175 OLDE HALF DAY RD., STE 292**
CITY-ST-ZIP **LINCOLNSHIRE IL 60069**

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

TITLE **PD** ☐ Delete
NAME **GLASS, ERNEST J JR.**
STREET ADDRESS **175 OLDE HALF DAY RD., STE 292**
CITY-ST-ZIP **LINCOLNSHIRE IL 60069**

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

TITLE **VPAT** ☐ Delete
NAME **MOON, DAVID C**
STREET ADDRESS **8000 W. FLORISSANT AVE**
CITY-ST-ZIP **ST LOUIS MO 63136**

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

TITLE **T** ☐ Delete
NAME **HENDERSON, ED**
STREET ADDRESS **299 JOHNSON AVENUE**
CITY-ST-ZIP **WASECA MN 56093-0514**

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

TITLE **VPF** ☐ Delete
NAME **COURTRIGHT, R B**
STREET ADDRESS **175 OLDE HALF DAY RD., STE 292**
CITY-ST-ZIP **LINCOLNSHIRE IL 60069**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ 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: *David C. Moon* **David C. Moon**
Vice President & Asst. Treasurer **2/27/01** **314-553-2058**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)