

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

0610064 AT

**DOCUMENT # F99000004795**

1. Entity Name

**EMERSON ELECTRONIC CONNECTOR AND COMPONENTS COMP ANY**

03-07-2002 90047 036 \*\*\*150.00

Principal Place of Business

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

Mailing Address

**8000 W. FLORISSANT AVE  
STE 3854  
ST LOUIS MO 63136**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**36-4165780**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

TITLE ☐ Change ☒ Addition  
NAME **Treasurer Telma, B.**  
STREET ADDRESS **299 Johnson Ave. SW**  
CITY-ST-ZIP **Waseca, MN 56093**

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

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

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

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

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

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

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

TITLE ☒ Change ☐ Addition  
NAME **VPF Courtright, R.B.**  
STREET ADDRESS **22177 Vernon Ridge Dr.**  
CITY-ST-ZIP **Ivanhoe, IL 60060**

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**

2/14/02

314-553-2058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**V.P. & Asst. Treasurer**

Date

Daytime Phone #

CR2E034 (9/01)