

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2004 8:00 am**  
**Secretary of State**

01-27-2004 90006 006 \*\*\*150.00

**DOCUMENT # F99000004795**

1. Entity Name  
**EMERSON ELECTRONIC CONNECTOR AND  
COMPONENTS COMPANY**



Principal Place of Business  
**299 JOHNSON AVENUE  
WASECA, MN 56093-0514**

Mailing Address  
**8000 W. FLORISSANT AVE  
STA. 2586  
ST LOUIS, MO 63136**

**11009040**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092004

Chg-P

CR2E034 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. 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 D/P/CEO ☐ Change ☒ Addition  
NAME Ashmore, Craig W.  
STREET ADDRESS 8000 W. Florissant Ave.  
CITY-ST-ZIP St. Louis, MO 63136

TITLE DCEO ☒ Delete  
NAME BEVIS, HAROLD C  
STREET ADDRESS 3000 LAKESIDE DR.  
CITY-ST-ZIP BANNOCKBURN, IL 60015

TITLE D/V.P. & Gen. Manager ☐ Change ☒ Addition  
NAME Mason, B.  
STREET ADDRESS 3000 Lakeside Dr.  
CITY-ST-ZIP Bannockburn, IL 60015

TITLE PD ☒ Delete  
NAME GLASS, ERNEST J JR.  
STREET ADDRESS 3000 LAKESIDE DR.  
CITY-ST-ZIP BANNOCKBURN, IL 60015

TITLE Treasurer ☐ Change ☒ Addition  
NAME Leppert, R.J.  
STREET ADDRESS 3000 Lakeside Dr.  
CITY-ST-ZIP Bannockburn, IL 60015

TITLE VPAT ☐ Delete  
NAME 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 T ☐ Delete  
NAME RABE, DAVID J  
STREET ADDRESS 8000 W. FLORISSANT AVE.  
CITY-ST-ZIP SAINT LOUIS, MO 63136

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

TITLE VPF ☐ Delete  
NAME COURTRIGHT, R B  
STREET ADDRESS 3000 LAKESIDE DR.  
CITY-ST-ZIP DEERFIELD, IL 60015

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

**D.C. Moon/V.P. & Asst. Treasurer 1/16/04 314-553-3485**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #