

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90044 028 \*\*\*150.00

40012573



01202005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F99000004795</b> 1. Entity Name <b>EMERSON NETWORK POWER CONNECTIVITY SOLUTIONS, INC.</b>					
Principal Place of Business <b>299 JOHNSON AVENUE WASECA, MN 56093-0514</b>			Mailing Address <b>8000 W. FLORISSANT AVE STA. 2586 ST LOUIS, MO 63136</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>36-4165780</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SMITH, HARLEY M 8000 W. FLORISSANT AVE ST LOUIS, MO 63136</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Leppert, Robert J. 3000 Lakeside Dr. Bannockburn, IL 60015</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO ASHMORE, CRAIG W 8000 W. FLORISSANT AVE. SAINT LOUIS, MO 63136</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO/D Ashmore, Craig W. 8000 W. Florissant Ave. St. Louis, MO 63136</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VMGR MASON, B 3000 LAKESIDE DR. BANNOCKBURN, IL 60015</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President/D Mason, Brian G. 3000 Lakeside Dr. Bannockburn, IL 60015</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPAT MOON, DAVID C 8000 W. FLORISSANT AVE ST LOUIS, MO 63136</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT RABE, DAVID J 8000 W. FLORISSANT AVE. SAINT LOUIS, MO 63136</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPF COURTRIGHT, R B 3000 LAKESIDE DR. DEERFIELD, IL 60015</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b>		<b>David C. Moon</b> <b>V.P. &amp; Asst. Treasurer</b>		<b>1/20/05</b> <b>314-553-2058</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

ATTACHMENT

40012573

# F99000004795

**EMERSON NETWORK POWER CONNECTIVITY SOLUTIONS, INC.  
OFFICERS & DIRECTORS**

**DIRECTORS:**

B. Mason  
3000 Lakeside Drive  
Bannockburn, IL 60015

C.W. Ashmore  
8000 W. Florissant Ave.  
St. Louis, MO 63136

H.M. Smith  
8000 W. Florissant Ave.  
St. Louis, MO 63136

**OFFICERS:**

C.W. Ashmore – Chief Executive Officer  
8000 W. Florissant Ave.  
St. Louis, MO 63136

R. Bruce Courtright – Vice President – Finance  
3000 Lakeside Drive  
Bannockburn, IL 60015

R.J. Leppert – Treasurer  
3000 Lakeside Drive  
Bannockburn, IL 60015

B. Mason – President  
3000 Lakeside Drive  
Bannockburn, IL 60015

D.C. Moon – Vice President & Asst. Treasurer  
8000 W. Florissant Ave.  
St. Louis, MO 63136

D.J. Rabe – Asst. Treasurer  
8000 W. Florissant Ave.  
St. Louis, MO 63136

H.M. Smith – Secretary  
8000 W. Florissant Ave.  
St. Louis, MO 63136