

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 08 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P11722 (6)**  
 1. Corporation Name  
**A. O. SMITH CORPORATION**

Principal Place of Business <b>11270 W PARK PLACE ONE PARK PLAZA MILWAUKEE WI 53224 US</b>	Mailing Address <b>PO BOX 23965 MILWAUKEE WI 53223-0965 US</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified <b>10/08/1986</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>36-0619790</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/>	

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	HEINRICH, DONALD M	
STREET ADDRESS	10708 N GAZEBO HILL	
CITY-ST-ZIP	MEQUON WI	
TITLE	CEOP	<input type="checkbox"/> DELETE
NAME	O'TOOLE, ROBERT J.	
STREET ADDRESS	2401 W. CEDAR LANE	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	EVPC	<input type="checkbox"/> DELETE
NAME	BOMBERGER, GLEN R.	
STREET ADDRESS	4840 SOMERSET CT.	
CITY-ST-ZIP	BROOKFIELD WI	
TITLE	VTC	<input type="checkbox"/> DELETE
NAME	KITA, JOHN J	
STREET ADDRESS	133 BIRCH ROAD	
CITY-ST-ZIP	DELAFIELD WI	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	O'CONNOR, EDWARD J	
STREET ADDRESS	16615 MARY CLIFF LANE	
CITY-ST-ZIP	BROOKFIELD WI	
TITLE	VPSC	<input type="checkbox"/> DELETE
NAME	ROMOSER, W. D	
STREET ADDRESS	11019 N WYNGATE TRACE	
CITY-ST-ZIP	MEQUON WI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 4/28/97 (414) 359-4000

CR2E034 (9/96)