


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P11722**

1. Entity Name  
**A. O. SMITH CORPORATION**



Principal Place of Business      Mailing Address

**11270 W PARK PLACE  
 ONE PARK PLAZA  
 MILWAUKEE, WI 53224 US**

**P.O. BOX 245001  
 MILWAUKEE, WI 53224 US**



04292004    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**36-0619790**

Applied For  
 Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**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**

**U00000157984  
 05/07/04-20003-011 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP O'TOOLE, ROBERT J 11270 WEST PARK PLACE SUITE 1200 MILWAUKEE, WI 53224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BISHOP, CHARLES J 11270 WEST PARK PLACE SUITE 1200 MILWAUKEE, WI 53224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTC KITA, JOHN J 11270 WEST PARK PLACE SUITE 1200 MILWAUKEE, WI 53224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLE, MICHAEL J 11270 WEST PARK PLACE SUITE 1200 MILWAUKEE, WI 53224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP KRUEGER, KENNETH W 11270 WEST PARK PLACE SUITE 1200 MILWAUKEE, WI 53224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'CONNOR, EDWARD J 11270 WEST PARK PLACE SUITE 1200 MILWAUKEE, WI 53224

**DO NOT WRITE IN THIS SPACE**

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:** John J. Kita      **John Kita**      **5/1/04**      **414-359**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

**4096**