

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90015 046 ***150.00

DOCUMENT # P13963

1. Entity Name

RELANCE ELECTRIC INDUSTRIAL COMPANY

Principal Place of Business

**6065 PARKLAND BOULEVARD
 CLEVELAND OH 44124-3106**

Mailing Address

**777 E. WISCONSIN AVE -STE 1553
 MILWAUKEE WI 53202
 US**

2. Principal Place of Business

6065 Parkland Blvd.
 Suite, Apt. #, etc.

3. Mailing Address

777 E. Wisconsin Ave. Ste. 1251
 Suite, Apt. #, etc.
Suite 1251

City & State

Cleveland, OH

City & State

Milwaukee, WI

Zip

44124-3106

Country

USA

Zip

53202

Country

USA

4. FEI Number

34-1538686

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SWANN, JOSEPH D 6040 PONDERS COURT GREENVILLE SC 29602-0499	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BALISTRERI, KAREN 777 E. WISCONSIN AVE -STE 1400 MILWAUKEE WI 53202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALLEN, PARTICK E 777 E. WISCONSIN AVE -STE 1400 MILWAUKEE WI 53202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CALISE, WILLIAM J JR. 777 E. WISCONSIN AVE -STE 1400 MILWAUKEE WI 53202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT YACHALEK, MARK O 777 E WISCONSIN AVENUE, SUITE 1553 MILWAUKEE WI 53202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD Thomas A. Mascari 6040 Ponders Court Greenville, SC 29615	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD William Vetter 6040 Ponders Court Greenville, SC 29615	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Kent G. Coppins 777 E. Wisconsin Ave. Ste. 1251 Milwaukee, WI 53202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS James P. O'Shaughnessy 777 E. Wisconsin Ave. Ste. 1251 Milwaukee, WI 53202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2002

Date

414.212.5465

Daytime Phone #

CR2E034 (9/01)