

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90146 005 ***150.00

0649468 AT

DOCUMENT # P13963

1. Entity Name
RELIANCE 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
777 E. Wisconsin Avenue

3. Mailing Address
777 E. Wisconsin Ave

Suite/Apt. #, etc.
1400

Suite/Apt. #, etc.
1400

City & State
Milwaukee, WI

City & State
Milwaukee, WI

4. FEI Number
34-1538686

Applied For
Not Applicable

Zip
53202

Country
USA

Zip
53202

Country
USA

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

☐ CHECK HERE IF MAKING CHANGES

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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 **PD** ☐ Delete
NAME **SWANN, JOSEPH D**
STREET ADDRESS **6040 PONDERS COURT**
CITY-ST-ZIP **GREENVILLE SC 29602-0499**

TITLE **Assistant Treasurer** ☐ Change ☒ Addition
NAME **Steven W. Etzel**
STREET ADDRESS **777 E. Wisconsin Ave.**
CITY-ST-ZIP **Milwaukee, WI 53202**

TITLE **S** ☐ Delete
NAME **BALISTRERI, KAREN**
STREET ADDRESS **777 E. WISCONSIN AVE -STE 1400**
CITY-ST-ZIP **MILWAUKEE WI 53202**

TITLE **Assistant Secretary** ☐ Change ☒ Addition
NAME **John M. Miller**
STREET ADDRESS **777 E. Wisconsin Avenue**
CITY-ST-ZIP **Milwaukee, WI 53202**

TITLE **ATD** ☐ Delete
NAME **MASCARI, THOMAS A**
STREET ADDRESS **6040 PONDERS CT**
CITY-ST-ZIP **GREENVILLE SC 29615**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Thomas J. Molloy**
STREET ADDRESS **777 E. Wisconsin Avenue**
CITY-ST-ZIP **Milwaukee, WI 53202**

TITLE **VPD** ☐ Delete
NAME **CALISE, WILLIAM J JR.**
STREET ADDRESS **777 E. WISCONSIN AVE -STE 1400**
CITY-ST-ZIP **MILWAUKEE WI 53202**

TITLE **Assistant Secretary** ☐ Change ☒ Addition
NAME **William Vetter**
STREET ADDRESS **6040 PONDERS COURT**
CITY-ST-ZIP **GREENVILLE, SC 29615**

TITLE **AT** ☐ Delete
NAME **COPPINS, KENT G**
STREET ADDRESS **777 E. WISCONSIN AVE., STE 1251**
CITY-ST-ZIP **MILWAUKEE WI 53202**

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

TITLE **AS** ☐ Delete
NAME **SHAUGHNESSY, JAMES P**
STREET ADDRESS **777 E. WISCONSIN AVE., STE 1251**
CITY-ST-ZIP **MILWAUKEE WI 53202**

TITLE ☐ Change ☐ Addition
NAME **O'Shaughnessy, James P.**
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: **KENT G. COPPINS** SIGNATURE REQUIRED **Kent G. Coppins, Asst. Treasurer** 4-21-03 414-212-5149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)