FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P23116 (7)

1. Corporation Name
BELOIT CORPORATION

Principal Place of Business	Mailing Address
ONE ST. LAWRENCE AVE. BELOIT WI 53511	ONE ST. LAWRENCE AVE. BELOIT WI 53511

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/23/1989
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 39-0159010 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under s. 199.032,* Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE		☐ Change ☐ Addition
NAME	MCKAY, JOHN A	12 NAME		
STREET ADDRESS	13400 BISHOPS LN	13 STREET ADDRESS		
CITY-ST-ZIP	BROOKFIELD WI	14 CITY-ST-ZIP		
TITLE	VPOD	21 TITLE		☐ Change ☐ Addition
NAME	MESSIER, ROBERT	22 NAME		
STREET ADDRESS	1 ST LAWRENCE AVE	23 STREET ADDRESS		
CITY-ST-ZIP	BELOIT WI	24 CITY-ST-ZIP		
TITLE	AS	31 TITLE		☐ Change ☐ Addition
NAME	FONSTAD, ERIC B.	32 NAME		
STREET ADDRESS	13400 BISHOPS LANE	33 STREET ADDRESS		
CITY-ST-ZIP	BROOKFIELD WI	34 CITY-ST-ZIP		
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	HAUSER, MERLE W.	42 NAME		
STREET ADDRESS	ONE ST. LAWRENCE AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	BELOIT WI	44 CITY-ST-ZIP		
TITLE	PD	51 TITLE	VP	☒ Change ☐ Addition
NAME	COLE, J. WELDON	52 NAME	Robert E. Page	
STREET ADDRESS	ONE ST. LAWRENCE AVE.	53 STREET ADDRESS	One St. Lawrence Ave.	
CITY-ST-ZIP	BELOIT WI	54 CITY-ST-ZIP	Beloit, WI	
TITLE	S	61 TITLE		☐ Change ☐ Addition
NAME	HAYS, DENNIS L.	62 NAME		
STREET ADDRESS	ONE ST. LAWRENCE AVE.	63 STREET ADDRESS		
CITY-ST-ZIP	BELOIT WI	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ April 21, 1995 (414) 797-6435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Eric B. Fonstad, Assistant Secretary

0499230 FN