FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P23116** **(7)**

1. Corporation Name

BELOIT CORPORATION

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

Mailing Address
ONE ST. LAWRENCE AVE.
BELOIT WI 53511

3. Date Incorporated or Qualified: 02/23/1989
3a. Date of Last Report: 05/01/1995
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

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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: Signature, typed or printed name of registered agent (if applicable) (NOTE: Registered Agent signature required when new agent) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☒ DELETE	1.1 TITLE	PRES/COO/D	☒ Change ☐ Addition
NAME	MCKAY, JOHN A		1.2 NAME	THOMAS ENGELSMAN	
STREET ADDRESS	13400 BISHOPS LN		1.3 STREET ADDRESS	ONE ST. LAWRENCE AVENUE	
CITY-ST-ZIP	BROOKFIELD WI		1.4 CITY-ST-ZIP	BELOIT WI 53511	
TITLE	VPOD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MESSIER, ROBERT		2.2 NAME		
STREET ADDRESS	1 ST LAWRENCE AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BELOIT WI		2.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FONSTAD, ERIC B.		3.2 NAME		
STREET ADDRESS	13400 BISHOPS LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKFIELD WI		3.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	4.1 TITLE	VP	☒ Change ☐ Addition
NAME	HAUSER, MERLE W.		4.2 NAME	JOSEPH H. KRAUS	
STREET ADDRESS	ONE ST. LAWRENCE AVE.		4.3 STREET ADDRESS	ONE ST. LAWRENCE AVENUE	
CITY-ST-ZIP	BELOIT WI		4.4 CITY-ST-ZIP	BELOIT WI 53511	
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PAGE, ROBERT E		5.2 NAME		
STREET ADDRESS	ONE ST. LAWRENCE AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	BELOIT WI		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HAYS, DENNIS L.		6.2 NAME		
STREET ADDRESS	ONE ST. LAWRENCE AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	BELOIT WI		6.4 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)(k), 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: 4/23/96 (414)797-6435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ERIC B. FONSTAD, ASST. SECRETARY

CR2E034 (12/95)