

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 09, 1999 8:00 am  
Secretary of State

06-09-1999 90023 049 \*\*\*550.00

DOCUMENT # P23116

1. Corporation Name  
BELOIT CORPORATION

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

Mailing Address  
HARNISCHFEGER (LAW DEPT) INDUSTRIES  
3600 S LAKE DRIVE  
ST FRANCIS WI 53235-3716

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
02/23/1989

4. FEI Number  
39-0159010

Applied For  
Not Applicable

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

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES INC.  
3953 WW KELLY ROAD  
TALLAHASSEE FL 32311

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE

NAME  
PCEO  
READINGER, MARK E  
STREET ADDRESS  
500 LAKE COOK ROAD SUITE 350  
CITY-ST-ZIP  
DEERFIELD IL 60015

TITLE ☐ DELETE

NAME  
VP/T  
MURRAY, WILLIAM M  
STREET ADDRESS  
500 LAKE COOK ROAD SUITE 350  
CITY-ST-ZIP  
DEERFIELD IL 60015

TITLE ☐ DELETE

NAME  
AS  
FONSTAD, ERIC B.  
STREET ADDRESS  
3600 S LAKE DR  
CITY-ST-ZIP  
ST FRANCIS WI

TITLE ☐ DELETE

NAME  
VP/S  
WITTE, LINDA R  
STREET ADDRESS  
500 LAKE COOK ROAD SUITE 350  
CITY-ST-ZIP  
ST FRANCIS IL 60015

TITLE ☐ DELETE

NAME  
VP  
WINKLEMAN, DENNIS R  
STREET ADDRESS  
500 LAKE COOK ROAD SUITE 350  
CITY-ST-ZIP  
ST FRANCIS IL 60015

TITLE ☐ DELETE

NAME  
AS/S  
CLEMENTE, JOHN DI R  
STREET ADDRESS  
500 LAKE COOK ROAD SUITE 350  
CITY-ST-ZIP  
ST FRANCIS IL 60015

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

APRIL 14, 1999

(414)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ERIC B. FONSTAD, ASST. SECRETARY

Date

486-6425

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