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FILED
May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P38848

(8)

1. Corporation Name

REXNORD CORPORATION

Principal Place of Business

4701 WEST GREENFIELD AVENUE
MILWAUKEE WI 53214

Mailing Address

PO BOX 2191
MILWAUKEE WI 53201-2191
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/18/1992

3a. Date of Last Report

05/01/1996

4. FEI Number

39-1626766

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

C T CORPORATION SYSTEM
1200 SOUTH 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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME SWENSON, JAMES R
STREET ADDRESS 1815 PUTNEYS COURT
CITY-ST-ZIP BROOKFIELD WI

TITLE ☒ DELETE

V
NAME FAIRCLOTH, ROBERT F
STREET ADDRESS BTR PLC, SILVERTOWN HOUSE
CITY-ST-ZIP VINCENT SQUARE LO

TITLE ☐ DELETE

V
NAME THOMPSON, JOHN S
STREET ADDRESS BTR INC., 750 MAIN STREET
CITY-ST-ZIP STAMFORD CT

TITLE ☐ DELETE

VT
NAME DENNIGER, WILLIAM C
STREET ADDRESS BTR INC., 750 MAIN STREET
CITY-ST-ZIP STAMFORD CT

TITLE ☒ DELETE

C
NAME ANDREZEJEWSKI, MICHAEL N
STREET ADDRESS 8670 HILL RIDGE ROAD
CITY-ST-ZIP GREENDALE WI

TITLE ☐ DELETE

AS
NAME KUROWSKI, JEAN B
STREET ADDRESS 4701 W GREENFIELD AVE
CITY-ST-ZIP MILWAUKEE WI 53214

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President ☐ Change ☒ Addition

1.2 NAME Jansen, Thomas J
1.3 STREET ADDRESS 2953 Briarwood Drive
1.4 CITY-ST-ZIP Franklin, WI 53132

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 do 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.

SIGNATURE:

Jean B. Kurowski

Jean B. Kurowski Asst. Sec. 04/29/97 (414) 643-3000

CP2E034 (9/96)