

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90354 034 ***150.00

DOCUMENT # P38848

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **39-1626766**

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **WALLACE, PETER C**
 STREET ADDRESS **4701 W. GREENFIELD AVE**
 CITY-ST-ZIP **MILWAUKEE WI 53214**

TITLE **VP** ☐ Delete
 NAME **JANSEN, THOMAS J**
 STREET ADDRESS **2953 BRIARWOOD DR**
 CITY-ST-ZIP **FRANKLIN WI**

TITLE **VPD** ☒ Delete
 NAME **SWENSON, JAMES R**
 STREET ADDRESS **1815 PUTNEYS COURT**
 CITY-ST-ZIP **BROOKFIELD WI 53005**

TITLE **VCS** ☒ Delete
 NAME **DEVYLDER, EDGAR P**
 STREET ADDRESS **333 LUDLOW STREET**
 CITY-ST-ZIP **STAMFORD CT 06902**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Change ☒ Addition
 NAME **Tindaro Caputo**
 STREET ADDRESS **4535 Parkhurst Dr.**
 CITY-ST-ZIP **Brookfield, WI 53092**

TITLE **VD** ☐ Change ☒ Addition
 NAME **Robert A. Hitt**
 STREET ADDRESS **135 S. 84th Str.**
 CITY-ST-ZIP **Milwaukee, WI 53214**

TITLE **VSD** ☐ Change ☒ Addition
 NAME **Irwin M. Shur**
 STREET ADDRESS **15215 Turnberry Dr.**
 CITY-ST-ZIP **Brookfield, WI 53045**

TITLE **AT** ☐ Change ☒ Addition
 NAME **Lisa M. Hesse**
 STREET ADDRESS **W254 N5115 McKeerow Dr.**
 CITY-ST-ZIP **Pewaukee, WI 53072**

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jean B. Kurowski

Jean B. Kurowski Asst. Sec. 04/26/01 (414)643-3000

TYPED AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #