

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90079 039 \*\*\*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**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WALLACE, PETER C 4701 W. GREENFIELD AVE MILWAUKEE WI 53214</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Robert A. Hitt 135 S. 84th Street Milwaukee, WI 53214</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP JANSEN, THOMAS J 2953 BRIARWOOD DR FRANKLIN WI</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP L. Jeffrey Adams 4701 W. Greenfield Ave. Milwaukee, WI 53214</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V CAPUTO, TINDARO 4535 PARKHURST DR THIENSVILLE WI 53092</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD ARMBRUST, RICHARD M 2045 DERRIN LA. BROOKFIELD WI 53045</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS KUROWSKI, JEAN B 4701 W GREENFIELD AVE MILWAUKEE WI 53214</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD SHUR, IRWIN M 15215 TURNBERRY DR BROOKFIELD WI 53045</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Jeane B. Kurowski* **Jeane B. Kurowski Asst. Sec.** 04/17/02 (414) 643-3000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

REXNORD CORPORATION

80083962

Attachment # P38848

OFFICERS:

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	
Robert A. Hitt	President	Honey Creek Corporate Center 135 South 84th Street - Suite 111 Milwaukee, WI 53214	
L. Jeffrey Adams	Vice President	4701 W. Greenfield Avenue Milwaukee, WI 53214	397-54-0115
Thomas J. Jansen	Vice President & Treasurer	Honey Creek Corporate Center 135 South 84th Street - Suite 111 Milwaukee, WI 53214	393-58-0903
Irwin M. Shur	Vice President, General Counsel, & Secretary	Honey Creek Corporate Center 135 South 84th Street - Suite 111 Milwaukee, WI 53214	057-46-1764
Jean B. Kurowski	Assistant Secretary	4701 W. Greenfield Avenue Milwaukee, WI 53214	388-34-6254
Lisa M. Hesse	Assistant Treasurer	Honey Creek Corporate Center 135 South 84th Street - Suite 111 Milwaukee, WI 53214	394-72-4602

DIRECTORS:

<u>NAME</u>	<u>CITIZENSHIP</u>	<u>ADDRESS</u>
Robert A. Hitt	United States	Honey Creek Corporate Center 135 South 84th Street - Suite 111 Milwaukee, WI 53214
Irwin M. Shur	United States	Honey Creek Corporate Center 135 South 84th Street - Suite 111 Milwaukee, WI 53214
Thomas J. Jansen	United States	Honey Creek Corporate Center 135 South 84th Street - Suite 111 Milwaukee, WI 53214