


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90048 025 ***150.00

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DOCUMENT # F97000000403					
1. Entity Name BOSCH REXROTH CORPORATION					
Principal Place of Business 5150 PRAIRIE STONE HOFFMAN ESTATES, IL 60192			Mailing Address 2800 SOUTH 25TH AVE BROADVIEW, IL 60155		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-1687400	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	01242005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			Zip Code FL		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DANGEL, WOLFGANG	NAME			
STREET ADDRESS	5150 PRAIRIE STONE PKWY.	STREET ADDRESS			
CITY-ST-ZIP	HOFFMAN ESTATES, IL 60192	CITY-ST-ZIP			
TITLE	EXEV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HANK, KENNETH E	NAME			
STREET ADDRESS	2315 CITY LINE RD.	STREET ADDRESS			
CITY-ST-ZIP	BETHLEHEM, PA 18017	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLANKENSHIP, THOMAS F	NAME			
STREET ADDRESS	2800 S. 25TH AVE	STREET ADDRESS			
CITY-ST-ZIP	BROADVIEW, IL 60155	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAER, LUKE	NAME			
STREET ADDRESS	2800 S. 25TH AVE	STREET ADDRESS			
CITY-ST-ZIP	BROADVIEW, IL 60155	CITY-ST-ZIP			
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAMS, THOMAS III	NAME			
STREET ADDRESS	5150 PRAIRIE STONE PKWY/ HOFFMAN ESTATES, IL 60192	STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUKE, BAER	NAME			
STREET ADDRESS	5150 PRAIRIE STONE PKWY, HOFFMAN SCHAUMBURG, IL 60192	STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Thomas F. Blankenship</i>		ASSISTANT TREASURER		THOMAS F. BLANKENSHIP	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		01/27/05	
		Daytime Phone #		708-865-5228	