

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000403

FILED
Apr 16, 2009
Secretary of State

Entity Name: BOSCH REXROTH CORPORATION

Current Principal Place of Business:

5150 PRAIRIE STONE
HOFFMAN ESTATES, IL 60192

New Principal Place of Business:

Current Mailing Address:

2800 SOUTH 25TH AVE
BROADVIEW, IL 60155

New Mailing Address:

FEI Number: 23-1687400 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DANGEL, WOLFGANG
Address: 5150 PRAIRIE STONE PKWY.
City-St-Zip: HOFFMAN ESTATES, IL 60192

Title: T () Delete
Name: ROBERTS, STEVE
Address: 2800 SOUTH 25TH AVENUE
City-St-Zip: BROADVIEW, IL 60155

Title: AT () Delete
Name: GILMOUR, MARK
Address: 2800 S. 25TH AVE
City-St-Zip: BROADVIEW, IL 60155

Title: AS () Delete
Name: BAER, LUKE
Address: 2800 S. 25TH AVE
City-St-Zip: BROADVIEW, IL 60155

Title: S () Delete
Name: WILLIAMS, THOMAS III
Address: 5150 PRAIRIE STONE PKWY/
City-St-Zip: HOFFMAN ESTATES, IL 60192

Title: D () Delete
Name: HANKS, KENNETH DIRECTO
Address: 5150 PRAIRIE STONE PKWY/
City-St-Zip: HOFFMAN ESTATES, IL 60192

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BRACHT, BEREND
Address: 5150 PRAIRIE STONE PKWY.
City-St-Zip: HOFFMAN ESTATES, IL 60192

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change () Addition
Name: DYHRKOPP, ERIK
Address: 2800 S. 25TH AVE
City-St-Zip: BROADVIEW, IL 60155

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK R GILMOUR

AT

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date