


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90008 016 ***150.00

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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



01282004 Chg-P CR2E034 (10/03)

4. FEI Number
23-1687400

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICKERT, ROBERT 8300 DOLFOR COVE BURR RIDGE, IL 60521	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DANGEL, WOLFGANG 1235 CENTERFIELD PARKWAY WEST DUNDEE, IL 60118	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLANKENSHIP, THOMAS F 2800 S. 25TH AVE BROADVIEW, IL 60155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAER, LUKE 2800 S. 25TH AVE BROADVIEW, IL 60155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RICKERT, ROBERT 5150 PRAIRIE STONE PKWY, HOFFMAN HOFFMAN ESTATES, IL 60192	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUKE, BAER 5150 PRAIRIE STONE PKWY, HOFFMAN SCHAUMBURG, IL 60192	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President. Wolfgang Dangel 5150 Prairie Stone Parkway Hoffman Estates, IL 60192	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive V.P Kenneth E. Hank 2315 City Line Rd Bethlehem, PA 18017	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Thomas Williams III 5150 Prairie Stone Parkway Hoffman Estates, IL 60192	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Thomas F. Blankenship 01/30/04 (708) 865-5228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
THOMAS F. BLANKENSHIP TREASURER

Date Daytime Phone #