2004 FOR PROFIT CORPORATION

ANNUAL REPORT



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

Site of Parker STONE 2800 SOUTH 25TH AVE BROADVER IL 60155	DOCUMENT # F9700000403 1. Entity Name BOSCH REXROTH CORPORATION							02-12-2004	90008 016 *	**150.00		
### Applied For Purpose Place of Pusiness Suite, Apr. #, etc.	Principal Place of Business Mailing Address											
Suite, Apt. #, etc. Suite City & State City												
Suite, Apt. #, etc. Suite Cry & State												
City & States	2. Principal Place of Business		3. Mailing Address						1000000			
Zip Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.				01282004	Chg-P	CR2E034 (10	/03)		
S. Reme and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address Not Acceptable 7. Name Address Not Acceptable 7. Na	City & State		City & State					400			*****	
Name Name Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip .	Countr	ГУ		5. Certificate of	Status Desired				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 City FL Zip Code B. 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 Signature, beed or printed name of registered agent and the Applicable. OPTICER SAND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PRESIDENT ROBERT STREET ADDRESS STREET ADDRES		6. Name and Address of Current I	Registered Agent		~		7. Name and A	ddress of New Re	gistered Agent		eg :	
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SynAture, hand to streed name of registered agent and the facebase. POTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SynAture, hand to streed name of registered agent are the facebase. POTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. In the synAture, hand to streed name of registered agent are the facebase. POTE Registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. In the synAture, hand to streed name of registered agent. SIGNATURE SynAture, hand to streed name of registered agent. OATE POTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent. In the synAture, hand to streed name of registered of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent. In the synAture, hand to streed name of registered agent. In the synAture, hand to streed name of registered agent. In the synAture, hand to streed name of registered agent. In the synAture, hand to streed name of registered agent. In the synAture, hand to streed name in the facebase. In the synAture, hand to streed name in the facebase. In the synAture, hand to streed name in the facebase. In the synAture, hand to streed name in the facebase. In the synAture, hand to streed name in the facebase. In the synAture, hand to streed name in the facebase. In the synAture, hand to streed name in the f	CORROBATION SERVICE COMPANY					Name						
City FL Zip Code	1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)							
B. 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 Signature November Nove								- [,			
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information								Florida Statutan I	further certify the	t 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:

Bla SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DESCRIPTION THOMAS F. BLANKENSHIP TRANSURER 01/30/04

(708) 865-5228