

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Jun 02 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 857209 (1)

1. Corporation Name: **HUSSEY SEATING COMPANY**



Principal Place of Business: **DYER STREET NORTH BERWICK ME 03906**

Mailing Address: **DYER STREET NORTH BERWICK ME 03906**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21, 22, 23, 24, 25

2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **07/26/1983**

4. FEI Number: **06-1032772**

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

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**

10. Name and Address of New Registered Agent: 81, 82, 83, 84, 85

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSSEY JR., PHILIP W.	1.2 NAME	
STREET ADDRESS	RIVER LOCKS ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	KENNEBUNKPORT ME	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSSEY, PETER A.	2.2 NAME	
STREET ADDRESS	NORTH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	KENNEBUNKPORT ME	2.4 CITY-ST-ZIP	
TITLE	VST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLKHORST, STEPHEN S	3.2 NAME	
STREET ADDRESS	132 LONG SANDS ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	YORK ME	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSSEY, TIMOTHY B	4.2 NAME	
STREET ADDRESS	BARNARD LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	KENNEBUNK ME	4.4 CITY-ST-ZIP	
TITLE	ST	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSTON, ROBERT, C	5.2 NAME	
STREET ADDRESS	LEBANON RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH BERWICK ME	5.4 CITY-ST-ZIP	
TITLE	Asst. Treasurer	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Francis J. Kelley	6.2 NAME	
STREET ADDRESS	Dyer street	6.3 STREET ADDRESS	
CITY-ST-ZIP	North Berwick, ME	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with my address.

CR2E034 (10/97)

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