

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

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000001346 (5)
 1. Corporation Name
SAUDER MANUFACTURING CO.

Principal Place of Business 830 W BARRE RD ARCHBOLD OH 43502 US	Mailing Address P. O. BOX 230 ARCHBOLD OH 43502 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/16/1994	
21 Suite, Apt #, etc.	22 City & State	26 Suite, Apt #, etc.	27 City & State	4. FEI Number 34-4407705	Applied For Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GRABER, DOUGLAS 1752 APEX ROAD SARASOTA FL 34240				10. Name and Address of New Registered Agent		
				81 Name		
				82 Street Address (P.O. Box Number is Not Acceptable)		
				83		
				84 City	FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, VIRGIL	1.2 NAME	
STREET ADDRESS	22494 COUNTY ROAD B	1.3 STREET ADDRESS	
CITY-ST-ZIP	ARCHBOLD OH 43502	1.4 CITY-ST-ZIP	
TITLE	VC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUDER, MAYNARD	2.2 NAME	
STREET ADDRESS	3515 WESTWOOD DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ARCHBOLD OH 43502	2.4 CITY-ST-ZIP	
TITLE	TDS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORTON, RONALD E	3.2 NAME	
STREET ADDRESS	3 MONTEREY COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	ARCHBOLD OH 43502	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUDER, ERIC J	4.2 NAME	
STREET ADDRESS	414 NORTH DEFIANCE	4.3 STREET ADDRESS	
CITY-ST-ZIP	STRYKER OH 43557	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUDER, MYRL	5.2 NAME	
STREET ADDRESS	3411 COUNTY ROAD 20	5.3 STREET ADDRESS	
CITY-ST-ZIP	ARCHBOLD OH 43502	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPOTTS, JACK	6.2 NAME	
STREET ADDRESS	19 MONTEREY COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	ARCHBOLD OH 43502	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 on an attachment with an address.

SIGNATURE: *Ronald E. Borton, Sec'y Treasurer* 1-9-98 419/445-7670

CR2E034 (10/97)