

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90159 027 ***150.00

DOCUMENT # F94000003117

1. Entity Name
ELCO CONSUMER PRODUCTS CORP.

Principal Place of Business 1111 SAMUELSON RD. ROCKFORD IL 61125	Mailing Address 40 WESTMINSTER ST PROVIDENCE RI 02903 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3465048	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input checked="" type="checkbox"/> Delete NAME STENBERG, JAMES R STREET ADDRESS 1111 SAMUELSON RD. CITY-ST-ZIP ROCKFORD IL 61125	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TITLE C/D NAME HIRSCH, JOACHIM V. STREET ADDRESS 840 WEST LONG LAKE ROAD CITY-ST-ZIP TROY, MI 48098		
TITLE VD <input checked="" type="checkbox"/> Delete NAME DELUCA, AUGUST F STREET ADDRESS 1111 SAMUELSON RD. CITY-ST-ZIP ROCKFORD IL 61125	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TITLE P NAME BARKER, WILLIAM STREET ADDRESS 2200 POINT BOULEVARD, SUITE 104 CITY-ST-ZIP ELGIN, IL 60123		
TITLE ST <input checked="" type="checkbox"/> Delete NAME HEAL, KENNETH L STREET ADDRESS 1111 SAMUELSON RD. CITY-ST-ZIP ROCKFORD IL 61125	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TITLE V/S-D NAME WEIN, STEVEN A. STREET ADDRESS 40 WESTMINSTER STREET CITY-ST-ZIP PROVIDENCE, RI 02903		
TITLE D <input checked="" type="checkbox"/> Delete NAME LUTZ, JOHN G STREET ADDRESS 1111 SAMUELSON RD. CITY-ST-ZIP ROCKFORD IL 61125	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TITLE V/T NAME LOVEJOY, MARY F. STREET ADDRESS 40 WESTMINSTER STREET CITY-ST-ZIP PROVIDENCE, RI 02903		
TITLE AT <input type="checkbox"/> Delete NAME FREDERICKS, THOMAS J STREET ADDRESS 40 WESTMINSTER STREET CITY-ST-ZIP PROVIDENCE RI 02903	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE AT <input type="checkbox"/> Delete NAME CASSIDY, ROXANNE E STREET ADDRESS 40 WESTMINSTER STREET CITY-ST-ZIP PROVIDENCE RI 02903	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Roxanne E. Cassidy **ROXANNE E. CASSIDY** 4-11-2001 (401) 421-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment
Doc. # F94000003117
00039825
ELCO CONSUMER PRODUCTS, INC.

DIRECTORS

Joachim V. Hirsch 840 West Long Lake Road, Troy, MI 48098
Dominick J. Schiano 840 West Long Lake Road, Troy, MI 48098
Steven A. Wein 40 Westminster Street, Providence, RI 02903

OFFICERS

Joachim V. Hirsch	Chairman and Chief Executive Officer	840 West Long Lake Road Troy, MI 48098
William Barker	President	2200 Point Boulevard Suite 104 Elgin, IL 60123-7862
Dominick J. Schiano	Executive Vice President and Chief Financial Officer	840 West Long Lake Road Troy, MI 48098
John Carpenter	Vice President – Finance	2200 Point Boulevard Suite 104 Elgin, IL 60123-7862
Arnold M. Friedman	Vice President	40 Westminster Street Providence, RI 02903
Mary F. Lovejoy	Vice President and Treasurer	40 Westminster Street Providence, RI 02903
Norman B. Richter	Vice President - Taxes	40 Westminster Street Providence, RI 02903
Steven A. Wein	Vice President, General Counsel and Secretary	40 Westminster Street Providence, RI 02903
Robert M. Hammes, Jr.	Assistant Secretary	1111 Samuelson Road Rockford, IL 61125
Ann T. Willaman	Assistant Secretary	40 Westminster Street Providence, RI 02903
Roxanne E. Cassidy	Assistant Treasurer	40 Westminster Street Providence, RI 02903
Thomas J. Fredericks	Assistant Treasurer	40 Westminster Street Providence, RI 02903
Alan G. Passante	Assistant Treasurer	40 Westminster Street Providence, RI 02903