


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90003 011 \*\*\*150.00

<b>DOCUMENT # F96000002538</b>		
1. Entity Name BOSTON WHALER, INC.		

Principal Place of Business BRUNSWICK CORPORATION 1 N. FIELD CT. LAKE FOREST, IL 60045-4811	Mailing Address BRUNSWICK CORPORATION 1 N. FIELD CT. LAKE FOREST, IL 60045-4811
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54025840



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01072004 Chg-P CR2E034 (10/03)

4. FEI Number 36-4083000	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
T NAME: STONE, R.C. STREET ADDRESS: 2600 SEA RAY BLVD CITY-ST-ZIP: KNOXVILLE, TN	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
P NAME: MYERS, MICHAEL W STREET ADDRESS: 4121 S US HWY #1 CITY-ST-ZIP: EDGEWATER, FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Via President
V NAME: ZELISKO, JUDITH P STREET ADDRESS: 1 N. FIELD CT. CITY-ST-ZIP: LAKE FOREST, IL 600454811	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CP NAME: BARRINGTON, WILLIAM J STREET ADDRESS: 2600 SEA RAY BLVD CITY-ST-ZIP: KNOXVILLE, TN	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	President Cynthia M. Trudell 2600 Sea Ray Blvd. Knoxville, TN 37914
VP NAME: STOECKER, G W STREET ADDRESS: 2600 SEA RAY BLVD CITY-ST-ZIP: KNOXVILLE, TN 37914	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Secretary H. Douglas Kitts 2600 Sea Ray Blvd. Knoxville, TN 37914
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Director Marshall I. Smith 1 N. Field Ct. Lake Forest IL 60045

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: Judith P. Zelisko Judith P. Zelisko 3/25/04 847-735-4700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #