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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 803601

1. Corporation Name
HUSSMANN CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business: C/O TAX DEPARTMENT, 12999 ST. CHARLES ROCK RD, BRIDGETON MO 63044
 Mailing Address: C/O TAX DEPARTMENT, 12999 ST. CHARLES ROCK RD, BRIDGETON MO 63044

3. Date Incorporated or Qualified
11/23/1929

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: **43-0156220**
 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 the current year Intangible Personal Property Tax: 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 (81-85) fields for Name, Street Address, City, and 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
P	VOWELL, J.L.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VP	GLEASON, J.S.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
SVP	SCHLEE, JOHN	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VPT	SNAVELY, C R	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
SVP	NEWMAN, M.D.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: Myra Sigwash REQUIREN W. SHEETS 4/26/99 (314) 291-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)