

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

**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90095 019 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 804593**

1. Corporation Name  
**BRUNSWICK CORPORATION**

Principal Place of Business Mailing Address  
**1 N FIELD CT 1 N FIELD CT**  
**LAKE FOREST IL 60045 LAKE FOREST IL 60045**  
**US US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

3. Date Incorporated or Qualified  
**08/26/1936**  
 4. FEI Number Applied For  
**36-0848180** Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
 6. Election Campaign Financing  **\$5.00** May Be Added to Fees  
 Trust Fund Contribution  
 8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

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 \_\_\_\_\_ 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	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIESEL, J. P.</b>	1.2 NAME	
STREET ADDRESS	<b>1010 MILAM ST</b>	1.3 STREET ADDRESS	<i>(See attached list)</i>
CITY-ST-ZIP	<b>HOUSTON TX</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PCEO</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LARSON, PETER N.</b>	2.2 NAME	
STREET ADDRESS	<b>1 N. FIELD CT.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE FOREST IL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAWSON, JAMES W.</b>	3.2 NAME	
STREET ADDRESS	<b>6101 E. APACHE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TULSA OK</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'BRIEN, RICHARD S.</b>	4.2 NAME	
STREET ADDRESS	<b>1 N. FIELD CT.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE FOREST IL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZELISKO, JIDITH P. (AGS)</b>	5.2 NAME	
STREET ADDRESS	<b>1 N FIELD CT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE FOREST IL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CALLAHAN, MICHAEL J.</b>	6.2 NAME	
STREET ADDRESS	<b>82 LOCUST ROAD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINNETKA IL</b>	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, with all other like empowered.

SIGNATURE: *Judith P. Zelisko* **JUDITH P. ZELISKO** *3/29/99* **3/29/99** **847-735-4700**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)