


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

**FILED**  
**May 02 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 807355 (3)**

1. Corporation Name  
**STANHOME INC.**



Principal Place of Business <b>333 WESTERN AVENUE                  WESTFIELD MA 01085                  US</b>	Mailing Address <b>333 WESTERN AVENUE                  WESTFIELD MA 01085-2560                  US</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>06/06/1947</b>	3a. Date of Last Report <b>04/02/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>04-1864170</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM                  1200 S. PINE ISLAND ROAD                  PLANTATION FL 33324</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	<b>FL</b> 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>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOWER, H.L.</b>	1.2 NAME	
STREET ADDRESS	<b>250 HALLADAY AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUFFIELD CT</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEIRSTEAD, ALLAN G.</b>	2.2 NAME	
STREET ADDRESS	<b>26 LONGFELLOW RD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLYOKE MA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WYATT, BRUCE H</b>	3.2 NAME	
STREET ADDRESS	<b>11 BITTERSWEET ;M</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WILBRAHAM MA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEAWRIGHT, G. WILLIAM</b>	4.2 NAME	
STREET ADDRESS	<b>22 GALE RD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BLOOMFIELD CT</b>	4.4 CITY-ST-ZIP	
TITLE	<b>AT</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOWER, GERALD W</b>	5.2 NAME	
STREET ADDRESS	<b>157 QUINNEHTUK RD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGEADOW MA</b>	5.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MASCARO, CARMEN</b>	6.2 NAME	
STREET ADDRESS	<b>23 HARVEST HILL RD.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W. SIMSBURY CT</b>	6.4 CITY-ST-ZIP	

14. I do 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 \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (9/96)

**STANHOME INC.**

**#04-1864170**

**OFFICERS**

<b><u>NAME</u></b>	<b><u>TITLE</u></b>	<b><u>ADDRESS</u></b>
<b>G. William Seawright</b>	<b>President and Chief Executive Officer</b>	<b>22 Gale Road Bloomfield, CT 06002</b>
<b>Allan G. Keirstead</b>	<b>Executive Vice President, Chief Administrative &amp; Financial Officer</b>	<b>26 Longfellow Road Holyoke, MA 01040</b>
<b>Eugene Freedman</b>	<b>Executive Vice President</b>	<b>1155 Oak Ridge Road Glencoe, IL 60022</b>
<b>Bruce H. Wyatt</b>	<b>Vice President, Secretary &amp; Clerk</b>	<b>11 Bittersweet Lane Wilbraham, MA 01095</b>
<b>Jeffrey A. Hutsell</b>	<b>Vice President</b>	<b>145 Exmoor Court Deerfield, IL 60015</b>
<b>John J. Dur</b>	<b>Vice President</b>	<b>30 Weare Road Henniker, NH 03242</b>
<b>Thomas E. Evangelista</b>	<b>Vice President</b>	<b>51 Wyngate Simsbury, CT 06070</b>
<b>Ronald R. Jalbert</b>	<b>Vice President</b>	<b>23 Windmill Drive Granby, CT 06035</b>
<b>Michael W. Burgess</b>	<b>Vice President</b>	<b>8787 Southside Blvd., Unit 2010 Jacksonville, FL 32256</b>
<b>Carmen J. Mascaro</b>	<b>Treasurer</b>	<b>23 Harvest Hill Road West Simsbury, CT 06092</b>
<b>Gerald W. Tower</b>	<b>Assistant Treasurer</b>	<b>157 Quinnehtuk Road Longmeadow, MA 01106</b>
<b>Mark I. Cohen</b>	<b>Assistant Secretary &amp; Assistant Clerk</b>	<b>12 Montgomery Road Southampton, MA 01073</b>

01/23/97