

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

FILED

May 01 1998 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 807355 (3)

1. Corporation Name
STANHOME INC.

Principal Place of Business
333 WESTERN AVENUE
WESTFIELD MA 01085
US

Mailing Address
333 WESTERN AVENUE
WESTFIELD MA 01085
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/06/1947

4. FEI Number
04-1864170

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	C	TOWER, H.L.	250 HALLADAY AVE.	<input type="checkbox"/>
		SUFFIELD CT		
	V	KEIRSTEAD, ALLAN G.	28 LONGFELLOW RD.	<input type="checkbox"/>
		HOLYOKE MA		
	V	WYATT, BRUCE H	11 BITTERSWEET RD.	<input type="checkbox"/>
		WILBRAHAM MA		
	P	SEAWRIGHT, G. WILLIAM	22 GALE RD.	<input checked="" type="checkbox"/>
		BLOOMFIELD CT		
	AT	TOWER, GERALD W	157 QUINNENTUK RD.	<input type="checkbox"/>
		LONGEADOW MA		
	T	MASCARO, CARMEN	23 HARVEST HILL RD.	<input type="checkbox"/>
		W. SIMSBURY CT		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
1.1				<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2					
1.3					
1.4					
2.1				<input type="checkbox"/>	<input type="checkbox"/>
2.2					
2.3					
2.4					
3.1				<input type="checkbox"/>	<input type="checkbox"/>
3.2					
3.3					
3.4					
4.1				<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2					
4.3					
4.4					
5.1				<input type="checkbox"/>	<input type="checkbox"/>
5.2					
5.3					
5.4					
6.1				<input type="checkbox"/>	<input type="checkbox"/>
6.2					
6.3					
6.4					

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.

SIGNATURE: *C. J. Mascaro* **C. J. Mascaro Treas** **4/21/98**

CR2E034 (10/97)