

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 807363

1. Entity Name

OUTBOARD MARINE CORPORATION

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90983 034 \*\*\*150.00

Principal Place of Business

Mailing Address

100 SEA-HORSE DRIVE

100 SEA-HORSE DRIVE

SUITE C853

SUITE C-853

IL 60085

WAUKEGAN IL 60085-2141

US

US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-1589715**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DCP  
NAME JONES, DAVID D J  
STREET ADDRESS 100 SEAHORSE DRIVE  
CITY-ST-ZIP WAUKEGAN IL 60085 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE EVCD  
NAME HINES, ANDREW P  
STREET ADDRESS 100 SEA-HORSE DR  
CITY-ST-ZIP WAUKEGAN IL 60085 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VGCS  
NAME ROMANO, ROBERT S  
STREET ADDRESS 100 SEA-HORSE DR.  
CITY-ST-ZIP WAUKEGAN IL 60085 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VT  
NAME MARTINEZ, ERIC T  
STREET ADDRESS 100 SEA-HORSE DR.  
CITY-ST-ZIP WAUKEGAN IL 60085 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE C  
NAME KINGSLEY, ALFRED D  
STREET ADDRESS 100 SEA HORSE DRIVE  
CITY-ST-ZIP WAUKEGAN IL 60085 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AS  
NAME PIEPP, GORDON G  
STREET ADDRESS 100 SEA HORSE DR  
CITY-ST-ZIP WAUKEGAN IL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)