FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 JUN 22 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # 868186

1. Corporation Name: American Standard Inc.

Principal Place of Business / Mailing Address:
One Centennial Avenue
Piscataway, N.J. 08855-6820

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/07/1952
3a. Date of Last Report: 5/3/94

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: 25-0900465
Applied For
Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt #, etc. — 27

5. Certificate of Status Desired
$8.75 Additional Fee Required

City & State — 23
City & State — 28

6. Election Campaign Financing Trust Fund Contribution
$5.00 May Be Added to Fees

Zip — 24
Country — 25
Zip — 29
Country — 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: 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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	13.1 TITLE	☐ Change ☐ Addition
NAME	Kampouris, Emmanuel A.	13.2 NAME	400001522414
STREET ADDRESS	One Centennial Avenue	13.3 STREET ADDRESS	-06/23/95--01088--002
CITY-ST-ZIP	Piscataway, N.J. 08855-6820	13.4 CITY-ST-ZIP	****450.00 ****225.00
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	Robert Wellbrock	2.2 NAME	
STREET ADDRESS	One Centennial Avenue	2.3 STREET ADDRESS	
CITY-ST-ZIP	Piscataway, NJ 08855-6820	2.4 CITY-ST-ZIP	
TITLE	S/V	3.1 TITLE	☐ Change ☐ Addition
NAME	Jagua, Frederick W.	3.2 NAME	
STREET ADDRESS	One Centennial Avenue	3.3 STREET ADDRESS	
CITY-ST-ZIP	Piscataway, NJ 08855-6820	3.4 CITY-ST-ZIP	
TITLE	TV	4.1 TITLE	☐ Change ☐ Addition
NAME	Battaglia, Thomas S.	4.2 NAME	
STREET ADDRESS	One Centennial Avenue	4.3 STREET ADDRESS	
CITY-ST-ZIP	Piscataway NJ 08855-6820	4.4 CITY-ST-ZIP	
TITLE	O	5.1 TITLE	☐ Change ☐ Addition
NAME	Schuchert, Joseph S.	5.2 NAME	
STREET ADDRESS	One Centennial Avenue	5.3 STREET ADDRESS	
CITY-ST-ZIP	Piscataway, NJ 08855-6820	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	Schiltz, James H.	6.2 NAME	T.S. 6/22/95
STREET ADDRESS	One Centennial Avenue	6.3 STREET ADDRESS	
CITY-ST-ZIP	Piscataway, NJ 08855-6820	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ Robert Wellbrock, Vice President 5/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C01

Form AR (1994)