FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 831652 (3)

1. Corporation Name

RACO INC.

Principal Place of Business	Mailing Address
3902 W. SAMPLE ST. P.O.BOX 4002 SOUTH BEND IN 46619 US	3902 W. SAMPLE ST. P.O.BOX 4002 SOUTH BEND IN 46634-4002 US

3. Date Incorporated or Qualified: **01/17/1974**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **35-0617070** ☐ Applied For ☐ Not Applicable

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

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

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 _____ 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	VDS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DAVIES, R. W		1.2 NAME	
STREET ADDRESS	57 HESSEKY MEADOW RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	WOODBURY CT 06798		1.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BIGGART, JAMES H		2.2 NAME	
STREET ADDRESS	1207 SIDE HILL RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	CHESHIRE CT 06410		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BRODY, D.J.		3.2 NAME	
STREET ADDRESS	50667 HAVEN HILL DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	GRANGER IN 46530		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BRINKMAN, R. J		4.2 NAME	
STREET ADDRESS	3105 D REMINGTON COURT		4.3 STREET ADDRESS	
CITY-ST-ZIP	MISHAWAKA IN 46545		4.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	STROM, J.A.		5.2 NAME	
STREET ADDRESS	60766 CHELSEN COURT		5.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH BEND IN 46614		5.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	PETRECCA, V. R.		6.2 NAME	
STREET ADDRESS	1555 FENCE ROW DR		6.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFIELD CT 04630		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)(k), 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: J.A. Strom — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Controller — Title

4/24/96 — Date

(219) 283-4295 — Daytime Phone #

CR2E034 (12/95)