FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 APR 11 PM 9:27

DOCUMENT # 841153 (0)

1. Corporation Name
MOLINE ACCESSORIES CORPORATION

Principal Place of Business	Mailing Address
430 W. 7TH STREET KANSAS CITY MO 64105	ONE MONTGOMERY CT MOLINE IL 61265 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/27/1978
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 44-0360590 ☐ 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	PD	1.1 TITLE	Director (only)	☒ Change ☐ Addition
NAME	BLOUNT, DAN S.	1.2 NAME		
STREET ADDRESS	ONE MONTGOMERY COURT	1.3 STREET ADDRESS	3419 49th Street	
CITY-ST-ZIP	MOLINE, IL. 0	1.4 CITY-ST-ZIP		
TITLE	VT	2.1 TITLE		☐ Change ☐ Addition
NAME	BLOUNT, DANIEL J.	2.2 NAME		
STREET ADDRESS	ONE MONTGOMERY COURT	2.3 STREET ADDRESS		
CITY-ST-ZIP	MOLINE, IL. 0	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☒ Change ☐ Addition
NAME	WILKINS,SHIRLEY J.	3.2 NAME	Olson, Phyllis	
STREET ADDRESS	ONE MONTGOMERY COURT	3.3 STREET ADDRESS		
CITY-ST-ZIP	MOLINE, IL. 0	3.4 CITY-ST-ZIP		
TITLE	DV	4.1 TITLE	Director	☒ Change ☐ Addition
NAME	HANK JR., B.J.	4.2 NAME	Herlin, Antti	
STREET ADDRESS	ONE MONTGOMERY COURT	4.3 STREET ADDRESS	Thorsvikin kartano	
CITY-ST-ZIP	MOLINE IL	4.4 CITY-ST-ZIP	FIN-02430 Masala, Finland	
TITLE	AS	5.1 TITLE	Director	☒ Change ☐ Addition
NAME	O'CONNOR, M. R.	5.2 NAME	Soila, Anssi	
STREET ADDRESS	7050 WINKLER RD. BX. 104	5.3 STREET ADDRESS	Avenue E. Van Nieuwenhuyse, 6	
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP	B-1160 Brussels, Belgium	
TITLE	D	6.1 TITLE	Director	☒ Change ☐ Addition
NAME	COLLETT, KATHRYN H.	6.2 NAME	Cawen, Klaus T.	
STREET ADDRESS	ONE MONTGOMERY COURT	6.3 STREET ADDRESS	Munkkiniemen puistotie 25	
CITY-ST-ZIP	MOLINE FL	6.4 CITY-ST-ZIP	FIN-00330 Hilsinki, Finland	

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: Phyllis Olson Phyllis Olson 4/3/95 309/764-6771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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MOLINE ACCESSORIES CORPORATION

12 (CONTINUED)

7.1	Title	President
7.2	Name	Makinen, Heimo
7.3	Address	One Montgomery Court
7.4	City-St	Moline, IL 61265