

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sir John M. Morahan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **841153** (0)
1. Corporation Name
MOLINE ACCESSORIES CORPORATION



Principal Place of Business

**430 W. 7TH STREET
KANSAS CITY MO 64105**

Mailing Address

**ONE MONTGOMERY CT
MOLINE IL 61265
US**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified
07/27/1978

3a. Date of Last Report
04/11/1995

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**

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 607.01(4) and 607.15(1), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to 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 s. 607.15(1), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. NAME ☐ DELETE PD
BLOUNT, DAN S.
2. STREET ADDRESS 3419 49TH ST.
3. CITY, ST., ZIP MOLINE, IL. 0
4. TITLE VT
5. NAME ☐ DELETE BLOUNT, DANIEL J.
6. STREET ADDRESS ONE MONTGOMERY COURT
7. CITY, ST., ZIP MOLINE, IL. 0
8. TITLE S
9. NAME ☐ DELETE OLSON, PHYLLIS
10. STREET ADDRESS ONE MONTGOMERY COURT
11. CITY, ST., ZIP MOLINE, IL. 0
12. TITLE D
13. NAME ☐ DELETE HERLIN, ANTTI
14. STREET ADDRESS THORSVIKIN KARTANO
15. CITY, ST., ZIP MASALA FI 30
16. TITLE D
17. NAME ☐ DELETE SOILA, ANSSI
18. STREET ADDRESS AVENUE E. VAN NIEUWENHUYSE, 6
19. CITY, ST., ZIP BRUSSELS BE
20. TITLE D
21. NAME ☐ DELETE CAWEN, KLAUS
22. STREET ADDRESS MUNKKINIEMIEN PUISTOTIE 25
23. CITY, ST., ZIP HILSINKI FI 30

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition
Mr. Blount is not the president;
the president is listed on attached
page. Mr. Blount IS a director

☐ Change ☐ Addition

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14. I hereby certify that the information supplied in this report was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this and in respect of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 attached sheet with an address.

SIGNATURE: *Phyllis Olson* Phyllis Olson Secretary 1/16/96 309/764-6771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2B084 (12/95)

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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