

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 22 1997 8:00am
Secretary of State

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 61265-1374
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

07/27/1978

3a. Date of Last Report

01/24/1996

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

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 fee 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 ☐ DELETE

NAME MAKINEN, HEIMO
STREET ADDRESS ONE MONTGOMERY COURT
CITY-ST-ZIP MOLINE IL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VT ☐ DELETE

NAME BLOUNT, DANIEL J.
STREET ADDRESS ONE MONTGOMERY COURT
CITY-ST-ZIP MOLINE, IL 0

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S ☐ DELETE

NAME OLSON, PHYLLIS
STREET ADDRESS ONE MONTGOMERY COURT
CITY-ST-ZIP MOLINE, IL 0

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME HERLIN, ANTTI
STREET ADDRESS THORSVIKIN KARTANO
CITY-ST-ZIP MASALA FI 30

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP FIN-02430, Masala, Finland

TITLE D ☐ DELETE

NAME SOILA, ANSSI
STREET ADDRESS AVENUE E. VAN NIEUWENHUYSE, 6
CITY-ST-ZIP BRUSSELS BE

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP B-1160, Brussels, Belgium

TITLE D ☐ DELETE

NAME CAWEN, KLAUS
STREET ADDRESS MUNKKINIEMEN PUISTOTIE 25
CITY-ST-ZIP HELSINKI FI 30

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP FIN-00330, Helsinki, Finland

14. I do 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary 1/7/97 309/764-6771

Date

Daytime Phone #

0506806

CR2E034 (9/96)