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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 841153

(0)

MOLINE ACCESSORIES CORPORATION

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

## **FILED** Feb 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/27/1978 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 44-0360590 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year intangible 29 Personal Property Tax due June 30. Yes Yes 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 23 Zip Code

FI 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 rainstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change TITLE 1.1 TITLE MAKINEN, HEIMO 1.2 NAME NAME ONE MONTGOMERY COURT 1.3 STREET ADDRESS STREET ADDRESS MOLINE IL 1.4 CITY-ST-ZIP CITY - ST- ZIP DELETE 2.1 TITLE Change Addition TITLE BLOUNT, DANIEL J. 2.2 NAME NAMÉ ONE MONTGOMERY COURT STREET ADDRESS 2.3 STREET ADDRESS MOLINE, IL. 0 2. 4 CITY-ST-ZIP CITY - ST - ZIP ☐ DELETE Change Addition TITLE 3.1 TITLE NAME OLSON, PHYLLIS 3.2 NAME ONE MONTGOMERY COURT STREET ADDRESS 3.3 STREET ADDRESS MOLINE, IL 0 CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE HERLIN, ANTTI 4. 2 NAME NAME THORSVIKIN KARTANO 4.3 STREET ADDRESS STREET ADDRESS FIN-02430 MA CITY-ST-ZIP 4.4 CITY - ST-ZIP Change DELETE 5.1 TITLE TITLE SOILA, ANSSI 5.2 NAME NAME AVENUE E. VAN NIEUWENHUYSE, 6 5.3 STREET ADDRESS STREET ADDRESS B-1160 BR B-1160 Brussels. Belgi CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE CAWEN, KLAUS. NAME 6.2 NAME **MUNKKINIEMEN PUISTOTIE 25** STREET ADDRESS **6.3 STREET ADDRESS** FIN-00330, Helsinki, Finland FIN-00330 HE 6.4 CITY - ST - ZIP CITY - ST - ZIP

14. I 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:

PhyllistOlson, Secretary 1/27/98 309/764-6771

SIGNATURE:

CR2E034 (10/97