


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

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90037 047 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 841153**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/27/1978**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>MAKINEN, HEIMO</b>	
STREET ADDRESS	<b>ONE MONTGOMERY COURT</b>	
CITY-ST-ZIP	<b>MOLINE IL</b>	
TITLE	<b>VT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BLOUNT, DANIEL J.</b>	
STREET ADDRESS	<b>ONE MONTGOMERY COURT</b>	
CITY-ST-ZIP	<b>MOLINE, IL. 0</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>OLSON, PHYLLIS</b>	
STREET ADDRESS	<b>ONE MONTGOMERY COURT</b>	
CITY-ST-ZIP	<b>MOLINE, IL. 0</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HERLIN, ANTTI</b>	
STREET ADDRESS	<b>THORSVIKIN KARTANO</b>	
CITY-ST-ZIP	<b>FIN-02430 MA</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SOILA, ANSSI</b>	
STREET ADDRESS	<b>AVENUE E. VAN NIEUWENHUYSE, 6</b>	
CITY-ST-ZIP	<b>B-1180 BR</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CAWEN, KLAUS</b>	
STREET ADDRESS	<b>MUNKKINIEMIEN PUISTOTIE 25</b>	
CITY-ST-ZIP	<b>FIN-00330 HE</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>VTD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Sihvola, P.A.</b>	
2.3 STREET ADDRESS	<b>One Montgomery Court</b>	
2.4 CITY-ST-ZIP	<b>Moline, IL 61265-</b>	
3.1 TITLE	<b>S/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Stepaniak, K.E.</b>	
3.3 STREET ADDRESS	<b>One Montgomery Ct</b>	
3.4 CITY-ST-ZIP	<b>Moline, IL 61265</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Kurt E. Stepaniak**

**1-11-99**

Date

**309 743-5892**

Daytime Phone #

CR2E034 (11/98)