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32215

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 851110

(7)

1. Corporation Name

PORTER-CABLE CORPORATION



Principal Place of Business

4825 HIGHWAY 45 N.
P. O. BOX 2468
JACKSON TN 38302-468
US

Mailing Address

4825 HIGHWAY 45 N.
P. O. BOX 2468
JACKSON TN 38302-468
US

3. Date Incorporated or Qualified
11/25/1981

3a. Date of Last Report
04/03/1995

4. FEI Number
36-3144125

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

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 607.0502 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 New Registered Agent is Not Applicable)

Signature (Typed or Printed Name of Current Registered Agent is Not Applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WHITE, JAMES A.
STREET ADDRESS 105 TUCKHOE
CITY-STATE-ZIP JACKSON TN ☐ DELETE

TITLE VD
NAME GREEN, JAMES S.
STREET ADDRESS 155 WILLOW RIDGE CIR.
CITY-STATE-ZIP JACKSON TN ☐ DELETE

TITLE S
NAME RUED, ROY T
STREET ADDRESS 3043 LITTLE BAY RD
CITY-STATE-ZIP ROSEVELL MN ☐ DELETE

TITLE CD
NAME COLLINS, JOSEPH R.
STREET ADDRESS 12151 UPPER HEATHER
CITY-STATE-ZIP DELLWOOD MN ☐ DELETE

TITLE T
NAME RUEB, ROY T.
STREET ADDRESS 3043 LITTLE BAY ROAD
CITY-STATE-ZIP ROSEVILLE MN ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS 46 Southwind
14 CITY-STATE-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James S. Green

04-25-96

901-668-8600

CR2E034 (12/95)