


32215

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

FILED
May 14 1997 8:00am
Secretary of State

| | | | |
|--|------------------------------------|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 38302-2468 US | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 | |
| 3. Date Incorporated or Qualified 11/25/1981 | | 3a. Date of Last Report 05/01/1996 | |
| 4. FEI Number 36-3144125 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| 12. OFFICERS AND DIRECTORS | | | |
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WHITE, JAMES A. | 1.2 NAME | |
| STREET ADDRESS | 46 SOUTHWIND | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | JACKSON TN | 1.4 CITY - ST - ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GREEN, JAMES S. | 2.2 NAME | |
| STREET ADDRESS | 155 WILLOW RIDGE CIR. | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | JACKSON TN | 2.4 CITY - ST - ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | RUED, ROY T | 3.2 NAME | |
| STREET ADDRESS | 3043 LITTLE BAY RD | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | ROSEVELL MN | 3.4 CITY - ST - ZIP | |
| TITLE | CD <input type="checkbox"/> DELETE | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | COLLINS, JOSEPH R. | 4.2 NAME | |
| STREET ADDRESS | 12151 UPPER HEATHER | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | DELLWOOD MN | 4.4 CITY - ST - ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | RUEB, ROY T. | 5.2 NAME | |
| STREET ADDRESS | 3043 LITTLE BAY ROAD | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | ROSEVILLE MN | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| 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  **SIGNATURE REQUIRED James S. Green** 04-24-97 901-668-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)