

32215

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

FILED

May 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country <b>30</b>		3. Date Incorporated or Qualified <b>11/25/1981</b>		4. FEI Number <b>36-3144125</b> Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code			
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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 registrant agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	WHITE, JAMES A.		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	48 SOUTHWIND		
CITY-ST-ZIP	JACKSON TN		
TITLE	VD	<input type="checkbox"/> DELETE	
NAME	GREEN, JAMES S.		
STREET ADDRESS	155 WILLOW RIDGE CIR.		
CITY-ST-ZIP	JACKSON TN		
TITLE	S	<input type="checkbox"/> DELETE	
NAME	RUED, ROY T		
STREET ADDRESS	3043 LITTLE BAY RD		
CITY-ST-ZIP	ROSEVELL MN		
TITLE	CD	<input type="checkbox"/> DELETE	
NAME	COLLINS, JOSEPH R.		
STREET ADDRESS	12151 UPPER HEATHER		
CITY-ST-ZIP	DELLWOOD MN		
TITLE	T	<input type="checkbox"/> DELETE	
NAME	RUEB, ROY T.		
STREET ADDRESS	3043 LITTLE BAY ROAD		
CITY-ST-ZIP	ROSEVILLE MN		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
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:  James S. Green 04-24-98 901-6128-8600

CR2E034 (10/97)