

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90088 029 ***150.00

DOCUMENT # 851365

1. Entity Name
SUNBEAM PRODUCTS, INC.



Principal Place of Business
**2381 EXECUTIVE CTR DR.
BOCA RATON, FL 33431 US**

Mailing Address
**2381 EXECUTIVE CTR DR.
BOCA RATON, FL 33431 US**

40054796



03282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
25-1406546

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HILL, ANDREW C 2381 EXECUTIVE CTR DR. BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MICHELS, VICTOR J 2381 EXECUTIVE CENTER DR BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CAPPS, JOHN 2381 EXECUTIVE CTR DR. BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ASHKEN, IAN 555 THEODORE FERMO AVE RYE, NY 10580
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT TOTTE, ROBERT 2381 EXECUTIVE CTR DR. BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #