

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90394 011 ***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**

4000000000



04232008 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

Robert P. Totte

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-08

Date

Daytime Phone #