


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

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**Apr 29 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 853853 (0)
1. Corporation Name
STA-RITE INDUSTRIES, INC.



Principal Place of Business 283 WRIGHT ST. DELANAV WI 53115	Mailing Address C/O SHELLEY KRAUSE 283 WRIGHT ST. DELANAV WI 53115
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/23/1982	3a. Date of Last Report 08/07/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 39-1415739	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. 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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE E. WARDEBERG	1.2 NAME	
STREET ADDRESS	626 E. WISCONSIN AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI 53202	1.4 CITY-ST-ZIP	
TITLE	PCEO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES C. DONNELLY	2.2 NAME	
STREET ADDRESS	293 WRIGHT ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELANAV WI 53115	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENIS C. GAGNON	3.2 NAME	
STREET ADDRESS	293 WRIGHT ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELANAV WI 53115	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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	

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: *Karen E. Spore* **4/21/97** **414 728-7324**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Karen E. Spore, VP, Sec & General Counsel

CR2E034 (9/96)

OFFICERS AND DIRECTORS
STA-RITE INDUSTRIES, INC.

As of February 3, 1997

<u>OFFICERS</u>	<u>TITLE</u>	<u>BUSINESS ADDRESS</u>
George E. Wardeberg	Chairman	626 E. Wisconsin Ave. Milwaukee, WI 53202
James C. Donnelly	President and CEO	293 Wright St. Delavan, WI 53115
Gerald L. Boll	Vice President-Water Systems Group	293 Wright St. Delavan, WI 53115
Denis C. Gagnon	Vice President-International Operations	293 Wright St. Delavan, WI 53115
Charles A. Hyttel	Vice President-Purchasing	293 Wright St. Delavan, WI 53115
Dennis E. Jenkins	Vice President-Manufacturing	293 Wright St. Delavan, WI 53115
James J. Monnat	Treasurer	626 E. Wisconsin Ave. Milwaukee, WI 53202
Dennis A. Ruis	Vice President-Pool/Spa	600 S. Jefferson St. Waterford, WI 53185
Thomas M. Schumann	Vice President-Human Resources	293 Wright St. Delavan, WI 53115
Karen E. Spors	Vice President, Secretary & General Counsel	293 Wright St. Delavan, WI 53115
Thomas J. Strupp	Vice President-Finance	293 Wright St. Delavan, WI 53115

DIRECTORS

George E. Wardeberg	626 E. Wisconsin Ave. Milwaukee, WI 53202
James C. Donnelly	293 Wright St. Delavan, WI 53115
Thomas F. Schrader	626 E. Wisconsin Ave. Milwaukee, WI 53202
Joseph P. Wenzler	626 E. Wisconsin Ave. Milwaukee, WI 53202