2000 UNIFOR DOCUMENT # 8 1. Entity Name FRANKLIN ELECTRIC O	54599		RT	(UBF	<u>()</u>		'eb 26, Secret	tary	0 8:0	ate
Principal Place of Business Mailing Address					—–					
400 EAST SPRING ST. BLUFFTON IN 46714		400 EAST SPRING ST. BLUFFTON IN 46714-3737					៤ប្	u294(56	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt.,#; etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State				4. FEI Number	35-082745	5		plied For t Applicable
Zip		Zip	Coun	try		5. Certificate o	f Status Desired		\$8.75 Add Fee Require	litional
6. Name and A	dress of Current Re	egistered Agent		Name		7. Name and A	Address of New	Registered	Agent	
CT CORPORATION SYSTEM 1200 S. PINÉ ISLAND ROAD PLANTATION FL 33324		Street Address). Box Number	is Not Acceptab	le)			
			City		FL Zip Code					
8. The above named entity submi	ts this statement for t	he purpose of changing its	registere	ed office or	registered	l agent, or both	, in the State of F	lorida.		
SIGNATURE	name of registered agent and	tute if applicable. (NOTE	Registere	Agent signatu	ire required wh	en reinstaling)		DATE		
 This corporation is eligible to s Tax filing requirement and elec (See criteria on back) 		FILE NOW! After MAY 1, 20 Make Check Payab	00 Fee	will be \$5	50.00		tion Campaign F t Fund Contributi	-		0 May Be to Fees
11.	OFFICERS AND D		12.			ADDITIONS/C	HANGES TO OF	FICERS AN		
TITLE V NAME LINDSAY, J. A. STREET ADDRESS 1207 RIDGEWOOD CITY-ST-ZIP BLUFFTON, IND		Delete							Change	Addition
TITLE CD NAME LAWSON, W. H. STREET ADDRESS CITY-ST-ZIP	HORN	Delete							Change	Addition
TITLE S NAME PFISTER, D.W. STREET ADDRESS 411 W WASHIN	GTON	Defete							Change	Addition
TITLE VCFO NAME FORD, J.B. STREET ADDRESS 400 E. SPRING		Delete	TITLE NAM STRE		VP				Change	Addition
CITY-ST-ZIP BLUFFTON IN TITLE NAME STREET ADDRESS	<u> </u>	Delete	title Nam Stre	e Et address	VPH GRE 400	GGC. ESPR	SENGS ING V IN	TACK	Change	Addition
CITY-ST-ZIP		<u>, an an an an an an an an</u> Istraite Istraite	TITLE NAM STRE		<u>_BLI</u>	JFFTO	V LN	46	7) 4 Change	Addition
 13. I hereby certify that the inform indicated on this report or sug of the corporation or the receind changed, or on an attachment 	oplemental report is tr ver or trustee empow	ue and accurate and that n ered to execute this report	the exe	mption stat	ave the sar pter 607, F	me legal effect florida Statutes	as if made under ; and that my nar	oath; that I ne appears	am an officer	or director
	ATCHE ADD THE TOP OF	TED NAME OF SIGNING OF CEA	3°77	RK	VP	CF0	/14/2-00 Date	0 (2	19) 824 Daytime Phone #	-2-900