

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90037 001 ***150.00

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|---|--|---|--|--|--|
| DOCUMENT # F05000003013 | | | | | |
| 1. Entity Name NORDYNE INTERNATIONAL, INC. | | | | | |
| Principal Place of Business C/O NORDYNE INC. 800 PHOENIX PARKWAY O'FALLON, MI 63366 | | | Mailing Address C/O NORDYNE INC. 800 PHOENIX PARKWAY O'FALLON, MI 63366 | | |
| 2. Principal Place of Business - No P.O. Box # 11500 NW Street | | 3. Mailing Address c/o Nortek, Inc. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. 50 Kennedy Plaza | | | |
| City & State Miami, FL | | City & State Providence, RI | | 4. FEI Number 20-2787842 | |
| Zip 33178 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE P NAME LAGRAND, DAVID J STREET ADDRESS 8000 PHOENIX PARKWAY CITY-ST-ZIP O'FALLON, MI 63366 | <input checked="" type="checkbox"/> Delete | | TITLE P NAME Henriette, Hector STREET ADDRESS 8000 Phoenix Parkway CITY-ST-ZIP O'Fallon, MO 63366 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VCD NAME BREADY, RICHARD L STREET ADDRESS 50 KENNEDY PLAZA CITY-ST-ZIP PROVIDENCE, RI 02903 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE S NAME DONNELLY, KEVIN W STREET ADDRESS 50 KENNEDY PLAZA CITY-ST-ZIP PROVIDENCE, RI 02903 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE TD NAME COONEY, EDWARD J STREET ADDRESS 50 KENNEDY PLAZA CITY-ST-ZIP PROVIDENCE, RI 02903 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: _____ | | | 4/26/07 401-751-1600 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |