


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # F05000003013	
1. Entity Name NORDYNE INTERNATIONAL, INC.	

Principal Place of Business 11500 NW STREET MIAMI, FL 33178	Mailing Address C/O NORTEK, INC. 50 KENNEDY PLAZA PROVIDENCE, RI 02903
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04232008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2787842	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENRIETTE, HECTOR 8000 PHOENIX PARKWAY O FALLON, MO 63366
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD BREADY, RICHARD L 50 KENNEDY PLAZA PROVIDENCE, RI 02903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DONNELLY, KEVIN W 50 KENNEDY PLAZA PROVIDENCE, RI 02903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COONEY, EDWARD J 50 KENNEDY PLAZA PROVIDENCE, RI 02903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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06/03/08-80055-003 150.00

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

4/30/08

Date

401-751-1600

Daytime Phone #