2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000002259

1. Entity Name
NORDYNE INC.

Principal Place of Business	Mailing Address
8000 PHOENIX PKWY O'FALLON, MO 63368	% NORTEK, INC. 50 KENNEDY PLAZA PROVIDENCE, RI 02903

04162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0414381
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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.

100000236358
05/10/07-80072-025 150.00

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LAGRAND, DAVID J
STREET ADDRESS	8000 PHOENIX PKWY
CITY-ST-ZIP	O'FALLON, MO 63368
TITLE	VC
NAME	BREADY, RICHARD L
STREET ADDRESS	% NORTEK, INC. - 50 KENNEDY PLAZA
CITY-ST-ZIP	PROVIDENCE, RI 02903
TITLE	VP
NAME	BREADY, RICHARD L
STREET ADDRESS	% NORTEK, INC. - 50 KENNEDY PLAZA
CITY-ST-ZIP	PROVIDENCE, RI 02903
TITLE	S
NAME	DONNELLY, KEVIN W
STREET ADDRESS	% NORTEK, INC. - 50 KENNEDY PLAZA
CITY-ST-ZIP	PROVIDENCE, RI 02903
TITLE	TD
NAME	COONEY, EDWARD J
STREET ADDRESS	% NORTEK, INC. - 50 KENNEDY PLAZA
CITY-ST-ZIP	PROVIDENCE, RI 02903
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: _____ 4/26/07 401-751-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #