

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F06000002259

1. Entity Name
NORDYNE INC.



Principal Place of Business
**8000 PHOENIX PKWY
O'FALLON, MO 63368**

Mailing Address
**% NORTEK, INC.
50 KENNEDY PLAZA
PROVIDENCE, RI 02903**



04232008 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**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	

U000000950091

06/03/08-80055-001 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08

Date

401-751-1600

Daytime Phone #