FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F92000000968 (9)**

1. Corporation Name
EXCEL INDUSTRIES, INC.

Principal Place of Business
1120 N. MAIN STREET
P. O. BOX 3118
ELKHART IN 46515

Mailing Address
1120 N. MAIN STREET
P. O. BOX 3118
ELKHART IN 46515

3. Date Incorporated or Qualified: 12/29/1992
3a. Date of Last Report: 03/22/1995

2. Principal Place of Business
21 1120 N main Street
Suite, Apt. #, etc.
22 —
City & State
23 Elkhart IN
Zip 24 46514
Country 25 U.S.A.

2a. Mailing Address
26 1120 N main Street
Suite, Apt. #, etc.
27 —
City & State
28 Elkhart IN
Zip 29 46514
Country 30 USA

4. FEI Number: 35-1551685 — Applied For ☐ Not Applicable ☐

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: (Signature of Registered Agent or Incorporator or Director or Officer) (Title if Registered Agent signed in capacity of incorporator or officer) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LOHMAN, JAMES J	1.2 NAME	
STREET ADDRESS	1120 N MAIN STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	ELKHART IN	1.4 CITY-ST-ZIP	
TITLE	P ☐ DELETE	2.1 TITLE P/C	☒ Change ☐ Addition
NAME	FUTTERKNECHT, JAMES O	2.2 NAME	
STREET ADDRESS	1120 N MAIN ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	ELKHART IN	2.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CRAWFORD, JAMES E	3.2 NAME	
STREET ADDRESS	1120 N MAIN ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	ELKHART IN	3.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CSOKASY, LOUIS R	4.2 NAME	
STREET ADDRESS	1120 N MAIN STR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ELKHART IN	4.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LINDBERG, TERRANCE L	5.2 NAME	
STREET ADDRESS	1120 N MAIN STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	ELKHART IN	5.4 CITY-ST-ZIP	
TITLE	ST ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, JOSEPH A	6.2 NAME	
STREET ADDRESS	1120 N MAIN ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	ELKHART IN	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Joseph A Robinson — 2-8-96 — 219-264-2131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)