

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90017 021 ***550.00

DOCUMENT # F93000002065

1. Entity Name
FEDDERS INTERNATIONAL, INC.



Principal Place of Business
**505 MARTINSVILLE RD
PO BOX 813
LIBERTY CORNER, NJ 07938 US**

Mailing Address
**505 MARTINSVILLE RD
PO BOX 813
LIBERTY CORNER, NJ 07938 US**

50056880



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03242005 Chg-P CR2E034 (10/03)

City & State
Zip Country

4. FEI Number
22-2860323

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE, FL 32301**

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 _____
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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | VSD | <input type="checkbox"/> Delete |
| NAME | HANSEN, KENT E | |
| STREET ADDRESS | 505 MARTINSVILLE RD | |
| CITY-ST-ZIP | LIBERTY CORNER, NJ 07938 | |
| TITLE | VCFO | <input type="checkbox"/> Delete |
| NAME | GIORDANO, MICHAEL | |
| STREET ADDRESS | 505 MARTINSVILLE RD | |
| CITY-ST-ZIP | LIBERTY CORNER, NJ 07938 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | BRUNO, JORDAN L | |
| STREET ADDRESS | 505 MARTINSVILLE RD | |
| CITY-ST-ZIP | LIBERTY CORNER, NJ 07938 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GIORDANO, JR., SALVATORE | |
| STREET ADDRESS | 505 MARTINSVILLE RD | |
| CITY-ST-ZIP | LIBERTY CORNER, NJ 07938 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | DIGIOVANNI, NANCY | |
| STREET ADDRESS | 505 MARTINSVILLE RD | |
| CITY-ST-ZIP | LIBERTY CORNER, NJ 07938 | |
| TITLE | DCEO | <input checked="" type="checkbox"/> Delete |
| NAME | ETTER, MICHAEL B | |
| STREET ADDRESS | 505 MARTINSVILLE RD | |
| CITY-ST-ZIP | LIBERTY CORNER, NJ 07938 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | DCEO | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jordan L Bruno
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/2005 (908)
604-8686 x4229
Date Daytime Phone #