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 # **F93000004354 (7)**

1. Corporation Name

ROUSH PRODUCTS COMPANY, INC.

Principal Place of Business

1000 WENIG ROAD NE
CEDAR RAPIDS IA 52402

Mailing Address TAX DEPT

~~1000 WENIG ROAD NE~~
~~CEDAR RAPIDS IA 52402~~
200 SOUTH SIXTH ST
MINNEAPOLIS, MN
55402

3. Date Incorporated or Qualified: 09/27/1993

3a. Date of Last Report: 02/07/1995

4. FEI Number: 94-1577269 ☐ 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

2. Principal Place of Business

21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address

26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 _____ DATE _____
Signature, typed or printed name of registered agent and date of acceptance NOTE: Registered Agent signature required if changing

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	11 TITLE	CEO D	☐ Change ☒ Addition
NAME	NOCE, VINCENT J		12 NAME	OLIVER, PAUL	
STREET ADDRESS	1000 WENIG ROAD, N.E.		13 STREET ADDRESS	200 SOUTH SIXTH ST	
CITY-ST-ZIP	CEDAR RAPIDS IA 52406		14 CITY-ST-ZIP	MINNEAPOLIS, MN 55402	
TITLE	VP	☐ DELETE	21 TITLE	P	☐ Change ☒ Addition
NAME	WANGEMAN, DENNIS		22 NAME	LEAVITT, WILLIAM	
STREET ADDRESS	1000 WENIG RD NE		23 STREET ADDRESS	200 SOUTH SIXTH ST	
CITY-ST-ZIP	CEDAR RAPIDS IA		24 CITY-ST-ZIP	MINNEAPOLIS, MN 55402	
TITLE	VAS	☒ DELETE	31 TITLE	CFO	☐ Change ☒ Addition
NAME	CHOATE, JAMES		32 NAME	KLEIN, BARBARA	
STREET ADDRESS	504 ST KEVIN CT		33 STREET ADDRESS	200 SOUTH SIXTH ST	
CITY-ST-ZIP	MERCED CA		34 CITY-ST-ZIP	MINNEAPOLIS MN 55402	
TITLE	T	☒ DELETE	41 TITLE	AST S	☐ Change ☒ Addition
NAME	WALTOS, DUANE		42 NAME	JOHNSON, LESLIE	
STREET ADDRESS	1000 WENIG ROAD, N.E.		43 STREET ADDRESS	200 SOUTH SIXTH ST	
CITY-ST-ZIP	CEDAR RAPIDS IA 52406		44 CITY-ST-ZIP	MINNEAPOLIS, MN 55402	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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 on an attachment with an address.

SIGNATURE: _____ L. R. JOHNSON 3/27/96 612/330-4915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ASST. SEC Date Daytime Phone #