

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90412 039 ***150.00

DOCUMENT # F93000005230

1. Entity Name
AMERICAN HOUSEHOLD, INC.



Principal Place of Business
**2381 EXECUTIVE CTR DR
BOCA RATON, FL 33431 US**

Mailing Address
**2381 EXECUTIVE CTR DR
BOCA RATON, FL 33431 US**

DO NOT WRITE IN THIS SPACE



04232008 No Chg-P CR2E034 (11/05)

4. FEI Number 25-1638266	Applied For <input type="checkbox"/>
Not Applicable	

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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	CCEO
NAME	FRANKLIN, MARTIN E
STREET ADDRESS	555 THEODORE TTREND AVE
CITY-ST-ZIP	RYE, NY 10580

TITLE	V
NAME	TOTTE, ROBERT
STREET ADDRESS	2381 EXECUTIVE CTR DR
CITY-ST-ZIP	BOCA RATON, FL 33431

TITLE	SVF
NAME	BELL, KENNETH R
STREET ADDRESS	3600 N HYDRAULIC
CITY-ST-ZIP	WICHITA, KS 67219

TITLE	VP
NAME	CAPPS, JOHN
STREET ADDRESS	2381 EXECUTIVE CENTER DR
CITY-ST-ZIP	BOCA RATON, FL 33431

TITLE	T
NAME	ASHKEN, IAN
STREET ADDRESS	555 THEODORE TTREND AVE
CITY-ST-ZIP	RYE, NY 10580

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:

Robert P. Tette

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-08

Date

Daytime Phone #