

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F94000003117**

1. Entity Name

ELCO CONSUMER PRODUCTS CORP.**FILED****Apr 23, 2001 8:00 am
Secretary of State**

04-23-2001 90159 027 ***150.00

Principal Place of Business

**1111 SAMUELSON RD.
ROCKFORD IL 61125**

Mailing Address

**40 WESTMINSTER ST
PROVIDENCE RI 02903
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-3465048**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD-	<input checked="" type="checkbox"/> Delete
NAME	STENBERG, JAMES R-	
STREET ADDRESS	1111 SAMUELSON RD.	
CITY-ST-ZIP	ROCKFORD IL 61125	
TITLE	VD-	<input checked="" type="checkbox"/> Delete
NAME	DELUCA, AUGUST F-	
STREET ADDRESS	1111 SAMUELSON RD.	
CITY-ST-ZIP	ROCKFORD IL 61125	
TITLE	ST-	<input checked="" type="checkbox"/> Delete
NAME	HEAL, KENNETH L-	
STREET ADDRESS	1111 SAMUELSON RD.	
CITY-ST-ZIP	ROCKFORD IL 61125	
TITLE	D-	<input checked="" type="checkbox"/> Delete
NAME	LUTZ, JOHN G-	
STREET ADDRESS	1111 SAMUELSON RD.	
CITY-ST-ZIP	ROCKFORD IL 61125	
TITLE	AT	<input type="checkbox"/> Delete
NAME	FREDERICKS, THOMAS J	
STREET ADDRESS	40 WESTMINSTER STREET	
CITY-ST-ZIP	PROVIDENCE RI 02903	
TITLE	AT	<input type="checkbox"/> Delete
NAME	CASSIDY, ROXANNE E	
STREET ADDRESS	40 WESTMINSTER STREET	
CITY-ST-ZIP	PROVIDENCE RI 02903	

TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIRSCH, JOACHIM V.	
STREET ADDRESS	840 WEST LONG LAKE ROAD	
CITY-ST-ZIP	TROY, MI 48098	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARKER, WILLIAM	
STREET ADDRESS	2200 POINT BOULEVARD, SUITE 104	
CITY-ST-ZIP	ELGIN, IL 60123	
TITLE	V/S-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEIN, STEVEN A.	
STREET ADDRESS	40 WESTMINSTER STREET	
CITY-ST-ZIP	PROVIDENCE, RI 02903	
TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOVEJOY, MARY F.	
STREET ADDRESS	40 WESTMINSTER STREET	
CITY-ST-ZIP	PROVIDENCE, RI 02903	
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		

13. 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 11 or Block 12 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

ROXANNE E. CASSIDY

4-11-2001

Date

(401) 421-2800

Daytime Phone #

CR2E034 (10/00)

Attachment
Doc. # F94000003117
00039825

ELCO CONSUMER PRODUCTS, INC.

DIRECTORS

Joachim V. Hirsch	840 West Long Lake Road, Troy, MI 48098
Dominick J. Schiano	840 West Long Lake Road, Troy, MI 48098
Steven A. Wein	40 Westminster Street, Providence, RI 02903

OFFICERS

Joachim V. Hirsch	Chairman and Chief Executive Officer	840 West Long Lake Road Troy, MI 48098
William Barker	President	2200 Point Boulevard Suite 104 Elgin, IL 60123-7862
Dominick J. Schiano	Executive Vice President and Chief Financial Officer	840 West Long Lake Road Troy, MI 48098
John Carpenter	Vice President – Finance	2200 Point Boulevard Suite 104 Elgin, IL 60123-7862
Arnold M. Friedman	Vice President	40 Westminster Street Providence, RI 02903
Mary F. Lovejoy	Vice President and Treasurer	40 Westminster Street Providence, RI 02903
Norman B. Richter	Vice President - Taxes	40 Westminster Street Providence, RI 02903
Steven A. Wein	Vice President, General Counsel and Secretary	40 Westminster Street Providence, RI 02903
Robert M. Hammes, Jr.	Assistant Secretary	1111 Samuelson Road Rockford, IL 61125
Ann T. Willaman	Assistant Secretary	40 Westminster Street Providence, RI 02903
Roxanne E. Cassidy	Assistant Treasurer	40 Westminster Street Providence, RI 02903
Thomas J. Fredericks	Assistant Treasurer	40 Westminster Street Providence, RI 02903
Alan G. Passante	Assistant Treasurer	40 Westminster Street Providence, RI 02903