## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTME

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9500001989 (1)

SCOTTS' MIRACLE-GRO PRODUCTS, INC.

	•		
	_		
Principal Place of Business	Mailing Address		
44444 4644			

FILED Jan 20 1998 8:00am Secretary of State



14111 SCOTTSLAWN RD MARYSVILLE OH 43041	14111 SCOTTSLAWN RD MARYSVILLE OH 43041			
				DO NOT WRITE IN THIS SPACE
				Date Incorporated or Qualified     04/24/1995
2. Principal Place of Business	2a. Mailing Address			4. FEI Number Applied For
21	26			31-1433894 Not Applicable
Suite, Apt, #, etc.	Suite, Apt. #, etc.			\$9.75 Additional
22	27			5. Certificate of Status Desired Fee Required
City & State	City & State			6. Election Campaign Financing \$5.00 May Be
23	28			Trust Fund Contribution
Zip Country	Zip	Counti	У	8. This corporation owes or has paid the current year Intangible
24 25		30		Personal Property Tax due June 30. Yes No
g. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM		8.	l Name	
1200 S. PINE ISLAND RD		82	Street	Address (P.O. Box Number is Not Acceptable)
PLANTATION FL 33324				
		83	3	***
		84	City	85 Zip Code
			,	<b>FL</b>   1
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the abov	e-named	corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligati	ons of, Section 607,0505, Flor	utnorizea d rida Statute	ly the corp is.	oration's board of directors. I hereby accept the appointment as registered
SIGNATURE				
Signature, typed or printed name of registered agent	and title if applicable (NOTE.	Registered Ag	ent signature	required when reinstating) DATE
12. OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE CCEO	DELETE	1.7 TITLE		☐ Change ☐ Addition
NAME HAGEDORN, HORACE		1.2 NAME		
STREET ADDRESS 800 PORT WASHINGTON BLVD		1.3 STREE	T ADDRESS	
CITY-ST-ZIP PORT WASHINGTON NY 11050		1,4 CITY-	ST-ZIP	
TITLE	X DELETE	2.1 TITLE	1	TREASURER Addition
NAME BERGUM, RICHARD		2.2 NAME		REBECCA J. BRUENING 825 S. 54 ST
STREET ADDRESS 19285 NORTHWEST PARKWAY		2.3 STREE	T ADDRESS	825 S. 5# ST
CITY-ST-ZIP MARYSVILLE OH		2. 4 CITY -	ST-ZIP	Columbus Oh 43206
TITLE PCOO	☐ DELETE	3.1 TITLE	]	☐ Change ☐ Addition
NAME KENLON, JOHN		3.2 NAME	l	
STREET ADDRESS 800 PORT WASHINGTON BLVD		3.3 STREE	T ADDRESS	
CITY-ST-ZIP PORT WASHINGTON NY 11050	···	3.4. CITY -	ST-ZiP	
TITLE V	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME HAGEDORN, JAMES		4. 2 NAME		
STREET ADDRESS 800 PORT WASHINGTON BLVD		4.3 STREE	ADDRESS	
CITY-ST-ZIP PORT WASHINGTON NY 11050		4.4 CITY-5	ST-ZIP	
TITLE EVP	DELETE	5.1 TITLE		Change Addition
NAME BERGER, CHARLES M		5.2 NAME	Í	
STREET ADDRESS 147 E DESCHLER		5.3 STREET	ADDRESS	
CITY-ST-ZIP COLUMBUS OH		5.4 CITY- 9	ST-ZIP	
TITLE S	DELETE	6.1 TITLE		SECRETARY Change Addition
NAME SCHMENR, CHRISTIANE W	•	6.2 NAME	ا	G. Robert Lucas
STREET ADDRESS 615 TIMBERVIEW DR				
LAADVOVIII CU		6.3 STREET	ADDRESS	13 EDGE of WOODS
CITY-ST-ZIP MARYSVILLE OH		6.4 CITY-5	T-ZIP	PS EDGE OF WOODS  NEW MILAWY OB 43054  d in Section 119.07(3)(i), 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: ECAL STATE OF THE REQUESTION CLA

1-5-98

937-10464-1511