


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90072 040 ***150.00

DOCUMENT # F95000003290	
1. Entity Name KAYDON CORPORATION	

Principal Place of Business 315 EAST EISENHOWER PKWY SUITE #300 ANN ARBOR, MI 48108 US	Mailing Address 315 EAST EISENHOWER PKWY SUITE #300 ANN ARBOR, MI 48108 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

900000



04062006 Chg-P CR2E034 (11/05)

4. FEI Number 13-3186040	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROCCI, JOHN F 315 EAST EISENHOWER PKWY SUITE #300 ANN ARBOR, MI 48108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Peter C. DeChants 315 E Eisenhower Pkwy, Ste. 300 Ann Arbor, MI 48108 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC CRAWFORD, KENNETH W 315 EAST EISENHOWER PKWY SUITE #300 ANN ARBOR, MI 48108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director James O'Leary 1000 Abernathy Rd., Ste 1000 Atlanta, GA 39328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, BRIAN P 315 EAST EISENHOWER PARKWAY ANN ARBOR, MI 48108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director David A. Brandon 30 Frank Lloyd Wright Dr. Ann Arbor, MI 48106 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREEN, GERALD J 5200 HARVARD AVENUE CLEVELAND, OH 44105 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Timothy J. O'Donovan 4445 North Oak Pointe Court NE Grand Rapids, MI 49525 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, B J 111 FIFTH AVE NEW YORK, NY 10003 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, THOMAS C 2628 PEARL RD MEDINA, OH 44258 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *Kenneth W. Crawford* Date: 4/6/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #