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FILED  
Mar 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000000525 (3)**

1. Corporation Name  
**ATWOOD INDUSTRIES, INC.**

Principal Place of Business

**1400 EDDY AVE.  
ROCKFORD IL 61103**

Mailing Address

**C/O EXCEL INDUSTRIES, INC.  
1120 N. MAIN STREET  
ELKHART IN 46514  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/31/1996**

4. FEI Number

**36-3036330**

Applied For

Not Applicable

6. 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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

**21 4750 HIAWATHA DRIVE**

Suite, Apt. #, etc.

**22**

City & State

**23 ROCKFORD, ILL**

Zip

**24 61110-4509**

Country

**25 USA**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

**29**

Country

**30**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **FUTTERKNECHT, JAMES O. JR.**

STREET ADDRESS **1120 N. MAIN STREET**

CITY-ST-ZIP **ELKHART IN**

TITLE **ST** ☐ DELETE

NAME **ROBINSON, JOSEPH A.**

STREET ADDRESS **1120 N. MAIN STREET**

CITY-ST-ZIP **ELKHART IN**

TITLE **AT** ☐ DELETE

NAME **EKELBERNER, IKE K.**

STREET ADDRESS **1120 N. MAIN STREET**

CITY-ST-ZIP **ELKHART IN**

TITLE **VP** ☐ DELETE

NAME **PICKERING, ROBERT A**

STREET ADDRESS **4750 HIAWATHA DR.**

CITY-ST-ZIP **ROCKFORD IL**

TITLE **VP** ☐ DELETE

NAME **CSOKASY, LOUIS R.**

STREET ADDRESS **1120 N. MAIN STREET**

CITY-ST-ZIP **ELKHART IN**

TITLE **AT** ☐ DELETE

NAME **BOYLE, STEVEN**

STREET ADDRESS **1120 N. MAIN STREET**

CITY-ST-ZIP **ELKHART IN**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

**DIRECTOR**

☐ Change ☒ Addition

1.2 NAME

**JAMES O. FUTTERKNECHT, JR.**

1.3 STREET ADDRESS

**1120 N. MAIN STREET**

1.4 CITY-ST-ZIP

**ELKHART, IN 46514**

2.1 TITLE

**DIRECTOR**

☐ Change ☒ Addition

2.2 NAME

**JOSEPH A. ROBINSON**

2.3 STREET ADDRESS

**1120 N. MAIN STREET**

2.4 CITY-ST-ZIP

**ELKHART, IN 46514**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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:

SECRETARY

2/24/98

(219) 264-2131

CP2E034 (1097)