

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002538

Entity Name: BOSTON WHALER, INC.

FILED
Apr 11, 2012
Secretary of State

Current Principal Place of Business:

100 WHALER WAY
4121 U.S. HIGHWAY 1
EDGEWATER, FL 32141

New Principal Place of Business:

Current Mailing Address:

BRUNSWICK CORPORATION
1 N. FIELD CT.
LAKE FOREST, IL 600454811

New Mailing Address:

FEI Number: 36-4083000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TRSR
Name: KENT, WALTER S
Address: 800 S. GAY STREET, SUITE 1700
City-St-Zip: KNOXVILLE, TN 37929

Title: ASEC
Name: VAUGHN, MARSHA T
Address: 1 N. FIELD CT.
City-St-Zip: LAKE FOREST, IL 60045

Title: VP
Name: ZELISKO, JUDITH P
Address: 1 N. FIELD CT.
City-St-Zip: LAKE FOREST, IL 600454811

Title: AT
Name: FREY, BRIAN R
Address: 1 N. FIELD CT.
City-St-Zip: LAKE FOREST, IL 60045

Title: SEC
Name: KITTS, H. DOUGLAS
Address: 800 S. GAY STREET, SUITE 1700
City-St-Zip: KNOXVILLE, TN 37929

Title: DIR
Name: COLEMAN, KRISTIN M
Address: 1 N. FIELD CT.
City-St-Zip: LAKE FOREST, IL 60045

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JUDITH P. ZELISKO

VP

04/11/2012

Electronic Signature of Signing Officer or Director

Date