

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

**FILED**  
**Apr 09 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 # F97000004599 (3)**  
 1. Corporation Name  
**OLD TOWN CANOE COMPANY**

Principal Place of Business <b>% OCEAN KAYAK          PO BOX 5003          FERNDALE WA 98248-5003</b>	Mailing Address <b>% OCEAN KAYAK          PO BOX 5003          FERNDALE WA 98248-5003</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/02/1997</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>01-0330025</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM          1200 SOUTH PINE ISLAND ROAD          PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITAKER, RONALD C</b>	12 NAME	
STREET ADDRESS	<b>1326 WILLOW RD.</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>STURTEVANT WI 53177</b>	14 CITY-ST-ZIP	
TITLE	<b>CP</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SNYDER, TERRY A</b>	22 NAME	
STREET ADDRESS	<b>1326 WILLOW RD.</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>STURTEVANT WI 53177</b>	24 CITY-ST-ZIP	
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHMIDT, CARL G</b>	32 NAME	
STREET ADDRESS	<b>1326 WILLOW RD.</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>STURTEVANT WI 53177</b>	34 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLASS, JOHN J</b>	42 NAME	
STREET ADDRESS	<b>58 MIDDLE ST.</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>OLD TOWN ME 04468</b>	44 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DWYER, PAUL V</b>	52 NAME	
STREET ADDRESS	<b>58 MIDDLE ST.</b>	53 STREET ADDRESS	
CITY-ST-ZIP	<b>OLD TOWN ME 04468</b>	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: *Wol. T. ...* Assistant Secretary


CR2E034 (10/97)

**OLD TOWN CANOE COMPANY**

**STATE OF MAINE**

**1998 ANNUAL REPORT**

**OFFICERS & DIRECTORS**

<b><u>TITLE</u></b>	<b><u>NAME</u></b>	<b><u>ADDRESS</u></b>
<b>President</b>	<b>Terry A. Snyder</b>	<b>1326 Willow Road Sturtevant, WI 53177</b>
<b>Vice President</b>	<b>John J. Blass</b>	<b>58 Middle Street Old Town, Maine 04468</b>
<b>Secretary</b>	<b>Carl G. Schmidt</b>	<b>1326 Willow Road Sturtevant, WI 53177</b>
<b>Treasurer</b>	<b>Paul V. Dwyer</b>	<b>58 Middle Street Old Town, Maine 04468</b>
 <b>Assistant Secretary</b>	<b>Wade T. Neuharth</b>	<b>1326 Willow Road Sturtevant, WI 53177</b>
<b>Directors:</b>	<b>Terry A. Snyder</b>	<b>1326 Willow Road Sturtevant, WI 53177</b>
	<b>Ronald C. Whitaker</b>	<b>1326 Willow Road Sturtevant, WI 53177</b>
	<b>Carl G. Schmidt</b>	<b>1326 Willow Road Sturtevant, WI 53177</b>