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Secretary of State

03-01-1999 90008 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F98000001947**

1. Corporation Name
RYOBI OUTDOOR PRODUCTS, INC.



Principal Place of Business: 550 NORTH 54TH STREET, CHANDLER AZ 85226
 Mailing Address: 550 NORTH 54TH STREET, CHANDLER AZ 85226

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/06/1998**

4. FEI Number: **86-0389053** Applied For: -Not Applicable

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Election Campaign Financing: **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business: 21 [] 22 [] 23 [] 24 []
 2a. Mailing Address: 26 [] 27 [] 28 [] 29 []
 Suite, Apt. #, etc. City & State Zip Country

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	URAKAMI, AKIO	1.2 NAME	Yoshi Kawa, Susumu
STREET ADDRESS	550 NORTH 54TH STREET	1.3 STREET ADDRESS	3-15-1 Soto-Kanda, Chiyoda-ku
CITY-ST-ZIP	CHANDLER AZ	1.4 CITY-ST-ZIP	Tokyo, Japan
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUCHDEV, L S	2.2 NAME	Crist, Elmer
STREET ADDRESS	550 NORTH 54TH STREET	2.3 STREET ADDRESS	1424 Pearman Dairy Rd.
CITY-ST-ZIP	CHANDLER AZ	2.4 CITY-ST-ZIP	Anderson, SC 29625
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, WALTER	3.2 NAME	
STREET ADDRESS	550 NORTH 54TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHANDLER AZ	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRECICKI, MARK	4.2 NAME	
STREET ADDRESS	550 NORTH 54TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHANDLER AZ	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERLAIN, JAMES W	5.2 NAME	
STREET ADDRESS	120 NORTH LASALLE STREET, STE 1410	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCALLISTER, THOMAS	6.2 NAME	
STREET ADDRESS	550 NORTH 54TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHANDLER AZ	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, with all other like empowered.

SIGNATURE: Mark Krecicki 1/22/99 (602) 940-5003
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)