

2000 UNIFORM BUSINESS REPORT (UBR)

0517045

DOCUMENT # F98000001947

FILED

1. Entity Name

RYOBI OUTDOOR PRODUCTS, INC.

00 MAR 17 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

NORTH 54TH STREET
CHANDLER AZ 85226

550 NORTH 54TH STREET
CHANDLER AZ 85226-2434



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

86-0389053

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	YOSHIKAWA, SUSUMU	
STREET ADDRESS	3-15-1 SOTO KANDA, CHIYODA-KU	
CITY-ST-ZIP	TOKYO, JAPAN	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SUCHDEV, L S	
STREET ADDRESS	550 NORTH 54TH STREET	
CITY-ST-ZIP	CHANDLER AZ	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BENNETT, WALTER	
STREET ADDRESS	550 NORTH 54TH STREET	
CITY-ST-ZIP	CHANDLER AZ	
TITLE	V	<input type="checkbox"/> Delete
NAME	KRECICKI, MARK	
STREET ADDRESS	550 NORTH 54TH STREET	
CITY-ST-ZIP	CHANDLER AZ	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHAMBERLAIN, JAMES W	
STREET ADDRESS	120 NORTH LASALLE STREET, STE 1410	
CITY-ST-ZIP	CHICAGO IL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCCALLISTER, THOMAS	
STREET ADDRESS	550 NORTH 54TH STREET	
CITY-ST-ZIP	CHANDLER AZ	

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Gest	
STREET ADDRESS	550 N. 54th St.	
CITY-ST-ZIP	Chandler, Az 85226	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	500003203775-1	
CITY-ST-ZIP	04/11/00-01095-002	
	***150.00 ***150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Thomas McCallister
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/00 480-981-1002
Date Daytime Phone #

CR2E034 (9/99)