

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000025

FILED
Apr 25, 2006
Secretary of State

Entity Name: MANITOWOC BEVERAGE SYSTEMS, INC.

Current Principal Place of Business:

2400 SOUTH 44TH STREET
MANITOWOC, WI 54220

New Principal Place of Business:

1001 HAMILTON AVE.
HOLLAND, OH 43528

Current Mailing Address:

P.O. BOX 66
MANITOWOC, WI 542210066

New Mailing Address:

FEI Number: 06-1530881

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GROWCOCK, T. D.
Address: 2400 SOUTH 44TH STREET
City-St-Zip: MANITOWOC, WI 54220

Title: SD () Delete
Name: JONES, M.D.
Address: 2400 SOUTH 44TH STREET
City-St-Zip: MANITOWOC, WI 54220

Title: P () Delete
Name: KRAUS, T D
Address: 2400 SOUTH 44TH STREET
City-St-Zip: MANITOWOC, WI 54220

Title: TD () Delete
Name: LAURINO, CARL J
Address: 2400 SOUTH 44TH STREET
City-St-Zip: MANITOWOC, WI 54220

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MAURICE JONES

SEC

04/25/2006

Electronic Signature of Signing Officer or Director

Date