

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002151

1. Entity Name

KOHLER RENTAL POWER, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90008 045 ***200.00

Principal Place of Business	Mailing Address
KOHLER CO., TAX. DEPT. HIGHLAND DRIVE WI 53044	% KOHLER CO., TAX. DEPT. 444 HIGHLAND DRIVE KOHLER WI 53044-1515

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	39-1779509	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ (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	
TITLE	PC <input type="checkbox"/> Delete
NAME	KOHLER, HERBERT V JR
STREET ADDRESS	441 GREEN TREE ROAD
CITY-ST-ZIP	KOHLER WI 53044
TITLE	V <input checked="" type="checkbox"/> Delete
NAME	CARR, RICHARD D
STREET ADDRESS	1727 RIDGE ROAD
CITY-ST-ZIP	SHEBOYGAN WI 53083
TITLE	SD <input checked="" type="checkbox"/> Delete
NAME	DREW, WILLIAM J
STREET ADDRESS	914 OAKLEY
CITY-ST-ZIP	KOHLER WI 53083
TITLE	TVC <input checked="" type="checkbox"/> Delete
NAME	WELLS, RICHARD A
STREET ADDRESS	608 SCHOOL STREET
CITY-ST-ZIP	KOHLER WI 53044
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	V/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffrey P. Cheney
STREET ADDRESS	4010 N. 50th St.
CITY-ST-ZIP	Sheboygan, WI 53083
TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Natalie A. Black
STREET ADDRESS	9934 Weeks Lane
CITY-ST-ZIP	Oostburg, WI 53070
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 another like empowered.

SIGNATURE: _____ J.P. Cheney, Vice Pres. & Treas. 4/7/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)