2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 21, 2005 8:00 am Secretary of State

DOCUMENT # J97196 1. Entity Name MIDDLEBY.WORLDWIDE, INC.								02-21	-2005 9	90076 03	6 ***150	0.00
Principal Place of Business 2876 SW 180 AVE MIRAMAR, FL 33025			Mailing Address 1400 TOASTMASTER ELGIN, IL 60120			 	. 19 111 1 111 1 13		2001;		11831 li 1111	
2. Principal P	lace of Busin	ness	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02082005	Chg-	P 	CR2E0	34 (10/03)	
City & State			City & State				4. FEI Numb 65-003					ptied For at Applicable
Zip	Country		Zip Coun		ntry	5. Certificate of Status Desired S8.75 Additional Fee Required						
	6. Name	and Address of Current	Registered Agent		7. Name and Address of Now Registered Agent Name							
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324					Street Address (P.O. Box Number is Not Acceptable)							
					City					FL	Zip Cod	e
The above named entity submits this statement for the purpose of changing its registered office or register.							ed agent, or bo	th, in the St	tate of Flo			
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOWI!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.0 Added												
10.	,	OFFICERS AND	DIRECTORS	11.			ADDITIONS	/CHANGES	TO OFFI	ICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		L, SELIM A ASTMASTER DRIVE . 60120	☐ Defete	- 6		,					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIDANI, S 1400 TOA ELGIN, IL	ASTMASTER DRIVE	☐ Delete				•				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BAKER, 0 1400 TOA ELGIN, IL	STMASTER DRIVE	Delete						_		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP	AT FITZGER 1400 TOA ELGIN, IL	ASTMASTER DRIVE	☐ Delete		1		e Prusid	•			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			True Mu	isvier irtin M 00 Tous		15 ay 100 1 2)ربعد م	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY	ME Eet address /-st-zip						Change	Addition
12. I hereby certify that the information supplied with this filing does not quality 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.												