
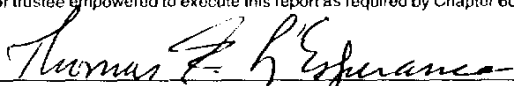


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 15 AM 11:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE</b> \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company  <b>DOCUMENT # M97000000735</b>  ALLIANCE LAUNDRY HOLDINGS, LLC ATTN: BRUCE P. ROUNDS P.O. BOX 990 RIPON WI 54971-0990		1a. Principal Place of Business Address  ATTN: BRUCE P. ROUNDS P.O. BOX 990 RIPON WI 54971			
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		3. Date Organized or Qualified 11/03/1997  4. FEI Number 52-2055893  5. Date of Last Report 11/16/1998	
3a. State of Formation DE  <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			8. Name and Address of New Registered Agent/Office  Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc.      800002820578 City      -03/26/99--01107--025 ****188.75 ****188.75 FL		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when completing)</small>			DATE _____		
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	L'ESPERANCE, THOMAS F	SHEPARD STREET		RIPON WI	
MGR	CONARD, EDWARD W	BAIN CAPITAL, INC. TWO COP		BOSTON MA	
MGR	GAY, ROBERT C	BAIN CAPITAL, INC. TWO COP		BOSTON MA	
MGR	SHERRILL, STEPHEN C	126 EAST 56TH STREET		NEW YORK NY	
MGR	TAYMOR, PHILIP	34 MAPLE ST		MILFORD MA	
MGR	ZIDE, STEPHEN M.	BAIN CAPITAL, INC. TWO COPLEY PL		BOSTON MA	
52-22-99					
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (j), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: 					
<small>SIGNATURE AND TITLE OF PRINTED NAME OF SECRETARY/MANAGER/MEMBER/COMMANDEER</small>					