

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000049408

Entity Name: WELBILT CORPORATION

FILED
Jan 26, 2005
Secretary of State

Current Principal Place of Business:

2227 WELBILT BOULEVARD
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

Current Mailing Address:

2227 WELBILT BOULEVARD
NEW PORT RICHEY, FL 34655

New Mailing Address:

FEI Number: 59-3722267

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: P/D () Delete
Name: MCCULLOCH, DAVID S
Address: 2227 WELBILT BLVD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VPF () Delete
Name: WRENCH, W DAVID
Address: 2227 WELBILT BOULEVARD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VPSD () Delete
Name: SHUR, IRWIN M
Address: 2227 WELBILT BOULEVARD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: TAS () Delete
Name: OROS, JOHN G
Address: 2227 WELBILT BLVD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: AS () Delete
Name: NOVA, MICHELLE
Address: 227 WELBIT BLVD.
City-St-Zip: NEW PORT RICHEY, FL 34655

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:

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 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 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: MICHELLE NOVA

AS

01/26/2005

Electronic Signature of Signing Officer or Director

Date