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FILED
May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00989

1. Corporation Name

~~LASALLE DEITCH CO., INC.~~ 4/25
LaSalle Bristol Corporation

(4) see name change statement attached

Principal Place of Business	Mailing Address
640 INDUSTRIAL PARKWAY PO BOX 2347 ELKHART IN 46515	640 INDUSTRIAL PARKWAY PO BOX 2347 ELKHART IN 46515-2347

3. Date Incorporated or Qualified: 02/22/1984	**3a.** Date of Last Report: 02/06/1996
4. FEI Number: 35-1499063	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No	

2. Principal Place of Business	**2a.** Mailing Address
21 601 C.R. 17	26 601 C.R. 17
Suite, Apt. #, etc. 22 P.O. Box 2347	Suite, Apt. #, etc. 27 P.O. Box 2347
City & State 23 Elkhart IN	City & State 28 Elkhart IN
Zip 24 46516 Country 25	Zip 29 46515 Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			**13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HINCHLIFFE, RALPH		1.2 NAME	
STREET ADDRESS	640 INDUSTRIAL PKWY		1.3 STREET ADDRESS	
CITY-ST-ZIP	ELKHART IN		1.4 CITY-ST-ZIP	
TITLE	PED	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PETERS, A. CLARK		2.2 NAME	
STREET ADDRESS	~~P.O. Box 2347~~, 640 INDUST PKY		2.3 STREET ADDRESS	
CITY-ST-ZIP	ELKHART IN		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TRIPPEL, JOSEPH B		3.2 NAME	
STREET ADDRESS	640 INDUSTRIAL PKWY		3.3 STREET ADDRESS	
CITY-ST-ZIP	ELKHART IN		3.4 CITY-ST-ZIP	
TITLE	VS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BOBAY, DONALD L.		4.2 NAME	
STREET ADDRESS	~~P.O. Box 2347~~, 640 INDUST PKY		4.3 STREET ADDRESS	
CITY-ST-ZIP	ELKHART IN		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BROADHEAD, MICHAEL		5.2 NAME	
STREET ADDRESS	640 INDUSTRIAL PARKWAY		5.3 STREET ADDRESS	
CITY-ST-ZIP	ELKHART IN		5.4 CITY-ST-ZIP	
TITLE	D	☑ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	HOTOVY, ROBERT		6.2 NAME	
STREET ADDRESS	640 INDUSTRIAL PKWY		6.3 STREET ADDRESS	
CITY-ST-ZIP	ELKHART IN		6.4 CITY-ST-ZIP	

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14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Joseph B. Trippel 5/13/97 219-295-4440