SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P01335** **(9)**

1. Corporation Name

KUPPENHEIMER MANUFACTURING COMPANY, INC.

Principal Place of Business
2775 NORTHWOODS PKWY.
NORCROSS GA 30071
US

Mailing Address
P.O. BOX 7050
NORCROSS GA 30091
US

3. Date Incorporated or Qualified: 03/22/1984
3a. Date of Last Report: 04/28/1995

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt # etc
27
City & State
28
Zip
29
Country
30

4. FEI Number: 31-0817029 ☐ 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

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS

TITLE	PCEO	☒ DELETE
NAME	LEVY, LARRY	
STREET ADDRESS	2775 NORTHWOODS PKWY	
CITY-ST-ZIP	NORCROSS GA	
TITLE	SV	☒ DELETE
NAME	GONSALVES, ALVIN	
STREET ADDRESS	2775 NORTHWOODS PKWY	
CITY-ST-ZIP	NORCROSS GA	
TITLE	V	☒ DELETE
NAME	GALANTE, JOHN	
STREET ADDRESS	2775 NORTHWOODS PKWY.	
CITY-ST-ZIP	NORCROSS GA	
TITLE	VD	☒ DELETE
NAME	HAND, ELBERT O	
STREET ADDRESS	101 N WACKER DR	
CITY-ST-ZIP	CHICAGO IL	
TITLE	T	☒ DELETE
NAME	CONDON, JAMES E.	
STREET ADDRESS	101 N.WACKER DR.	
CITY-ST-ZIP	CHICAGO IL	
TITLE	SVP	☒ DELETE
NAME	GRISWOLD WALT	
STREET ADDRESS	2775 NORTHWOODS PKWY.	
CITY-ST-ZIP	NORCROSS GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☐ Change ☒ Addition
1.2 NAME	Michael Levitt	
1.3 STREET ADDRESS	2775 Northwoods Pkwy	
1.4 CITY-ST-ZIP	Norcross GA 30071	
2.1 TITLE	CEO	☐ Change ☒ Addition
2.2 NAME	Eugene Kosack	
2.3 STREET ADDRESS	2775 Northwoods Pkwy	
2.4 CITY-ST-ZIP	Norcross GA 30071	
3.1 TITLE	Vice President/Controller	☐ Change ☒ Addition
3.2 NAME	Alfred L. Marston	
3.3 STREET ADDRESS	2775 Northwoods Pkwy	
3.4 CITY-ST-ZIP	Norcross GA 30071	
4.1 TITLE	Chairman	☐ Change ☒ Addition
4.2 NAME	Barry Monheit	
4.3 STREET ADDRESS	2775 Northwoods Pkwy	
4.4 CITY-ST-ZIP	Norcross GA 30071	
5.1 TITLE	Director	☐ Change ☒ Addition
5.2 NAME	Stewart Kahn	
5.3 STREET ADDRESS	2775 Northwoods Pkwy	
5.4 CITY-ST-ZIP	Norcross GA 30071	
6.1 TITLE	Director	☐ Change ☒ Addition
6.2 NAME	Robert Sakowitz	
6.3 STREET ADDRESS	2775 Northwoods Pkwy	
6.4 CITY-ST-ZIP	Norcross GA 30071	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: A.L. Marston VP + Controller 6/7/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)