FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02942 (1)

1. Corporation Name

SPALDING & EVENFLO COMPANIES, INC.

Principal Place of Business
5730 N. HOOVER BLVD.
P O BOX 30101
TAMPA FL 33630

Mailing Address
5730 N. HOOVER BLVD.
P O BOX 30101
TAMPA FL 33630

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/06/1984
3a. Date of Last Report: 05/01/1994

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: 59-2439116 ☐ 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

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

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	BYRNES, D. J.
STREET ADDRESS	5730 N. HOOVER BLVD.
CITY ST ZIP	TAMPA FL
TITLE	ASD
NAME	O'HARA, ROBERT S, JR
STREET ADDRESS	1 CHASE MANHATTAN PLAZA
CITY ST ZIP	NEW YORK NY
TITLE	CD
NAME	CISNEROS, R.
STREET ADDRESS	550 BILTMORE WAY 9TH FL.
CITY ST ZIP	CORAL GABLES FL
TITLE	SV
NAME	ADIKES, R. K.
STREET ADDRESS	5730 N. HOOVER BLVD.
CITY ST ZIP	TAMPA FL
TITLE	V
NAME	DRYER, S.J.
STREET ADDRESS	5730 N. HOOVER BLVD.
CITY ST ZIP	TAMPA FL
TITLE	PD
NAME	WHITING, P. L.
STREET ADDRESS	5730 N. HOOVER BLVD.
CITY ST ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP		

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)(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: S.J. Dryer — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/26/95 Date — (813) 887-5200 Daytime Phone #

0303967 CP