

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P03322 (5)  
1. Corporation Name  
EVENFLO & SPALDING HOLDINGS CORPORATION



Principal Place of Business Mailing Address  
601 SOUTH HARBOUR ISLAND BLVD. 601 SOUTH HARBOUR ISLAND BLVD.  
STE. 200 STE. 200  
TAMPA FL 33630-3101 TAMPA FL 33630-3101

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/10/1984	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2439656	
24 Country		29 Country		5. Certificate of Status Desired	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	CEO/Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITING, P.L.			1.2 NAME			
STREET ADDRESS	601 SOUTH HARBOUR ISLAND BLVD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33630-3101			1.4 CITY-ST-ZIP			
TITLE	SV	<input type="checkbox"/> DELETE		2.1 TITLE	President/Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ADIKES, R. K.			2.2 NAME	Martin, K.		
STREET ADDRESS	601 SOUTH HARBOUR ISLAND BLVD.			2.3 STREET ADDRESS	425 Meadow St.		
CITY-ST-ZIP	TAMPA FL 33630-3101			2.4 CITY-ST-ZIP	Chicopee, MA 01013		
TITLE	VT	<input type="checkbox"/> DELETE		3.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KIPPHUT, W. MICHAEL			3.2 NAME	Artzt, E.		
STREET ADDRESS	601 SOUTH HARBOUR ISLAND BLVD.			3.3 STREET ADDRESS	1 Procter & Gamble Plaza		
CITY-ST-ZIP	TAMPA FL 33630-3101			3.4 CITY-ST-ZIP	Cincinnati, OH 45202		
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DRYER, S.J.			4.2 NAME	Cisneros, G.		
STREET ADDRESS	601 SOUTH HARBOUR ISLAND BLVD.			4.3 STREET ADDRESS	36 East 61st St.		
CITY-ST-ZIP	TAMPA FL 33630-3101			4.4 CITY-ST-ZIP	New York, NY 10021		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KRAVIS, H.			5.2 NAME	Lipschultz, M.		
STREET ADDRESS	9 WEST 57TH STREET, STE. 4200			5.3 STREET ADDRESS	9 West 57th St. Ste 4200		
CITY-ST-ZIP	NEW YORK NY 10019			5.4 CITY-ST-ZIP	New York, NY 10019		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				6.2 NAME	Roberts, G.		
STREET ADDRESS				6.3 STREET ADDRESS	2800 Sand Hill Rd. Ste 200		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Menlo Park, CA 94025		

14. I 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.

CR2E034 (10/97)