

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

FILED  
Jul 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P07082</b> 1. Corporation Name Kysor Industrial Corporation			
Principal Place of Business One Madison Avenue P.O. Box 1000 Cadillac, MI 49601		Mailing Address One Madison Avenue P.O. Box 1000 Cadillac, MI 49601	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 8/13/1985		3a. Date of Last Report 5/6/1996	
4. FEI Number 38-1909000		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 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 NAME STREET ADDRESS CITY - ST - ZIP	D Weigel, Raymond A. One Madison Avenue Cadillac, MI 49601 <input checked="" type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C Kempton, George R. One Madison Avenue Cadillac, MI 49601 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Osborne, Richard C. One Madison Avenue Cadillac, MI 49601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS Crooks, David W. One Madison Avenue Cadillac, MI 49601 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VP/Sec./Treas./Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Holmes, Donald D. One Madison Avenue Cadillac, MI 49601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Gaston, Paul K. One Vandenberg Cntr Grand Rapids, MI <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	VP/Ast Treas/AsstSec/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Rotenberry, William J. One Madison Avenue Cadillac, MI 49601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS Janik, Mary C. One Madison Avenue Cadillac, MI 49601 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Gravelle, Peter W. One Madison Avenue Cadillac, MI 49601 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.		100002254631 -08/01/97--01023--020 ***550.00 PE 7.28	
SIGNATURE: [Signature]		7/18/97 847-215-4500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)