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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P07207

(4)

HAMILTON BEACH/PROCTOR-SILEX, INC.

		_
Principal Place of Business	Mailing Address	
4421 WATERFRONT DRIVE GLEN ALLEN VA 23060 US	4421 WATERFRONT DRIVE GLEN ALLEN VA 23060 US	

**FILED** Jan 26 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/26/1985 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For Not Applicable 21 26 95-3959553 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution 23 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 Zip Code 85 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. 1 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change X Addition 1.1 TITLE TITLE POSEY, RICHARD E. 1.2 NAME NAME 4421 WATERFRONT DRIVE 1.3 STREET ADDRESS STREET ACCRESS GLEN ALLEN VA 23060 1.4 CITY-ST-ZIP CITY - ST - ZIP Addition DELETE 2.1 TITLE ☐ Change TITLE VPCF HOYT, CHARLES B 2.2 NAME NAME 4421 WATERFRONT DR. STREET ADDRESS 2.3 STREET ADDRESS GLEN ALLEN VA 2. 4 CITY-ST-ZIP 23060 CITY - ST - ZIP DELETE Спалде Addition 3.1 TITLE TIT/ F TAYLOR, JAMES H 3.2 NAME NAME 4421 WATERFRONT DR. 3.3 STREET ADDRESS STREET ADDRESS GLEN ALLEN VA 23060 3.4. CITY - ST-ZIP CITY-ST-ZIP DELETE Change X Addition TITLE 4.1 TITLE NAME MANSON, GEORGE P J 4. 2 NAME 4421 WATERFRONT DR 4.3 STREET ADDRESS STREET ADDRESS GLEN ALLEN VA 23060 4.4 CITY - ST - ZIP CITY - ST - 7IP DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5,3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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 suppliemental 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 receipter 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, from an attachment with an address.

Vice President Vice President,

6.4 CITY - ST - ZIF

General Counsel & Secretary

SIGNATURE:

CITY - ST - ZIP

1497 804/527-7398