

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

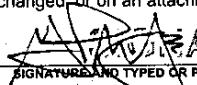
FILED
Feb 02, 1999 8:00am
Secretary of State

02-02-1999 90034 012 ****150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P07207					
1. Corporation Name HAMILTON BEACH/PROCTOR-SILEX, INC.					
Principal Place of Business 4421 WATERFRONT DRIVE GLEN ALLEN VA 23060 US			Mailing Address 4421 WATERFRONT DRIVE GLEN ALLEN VA 23060 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/26/1985	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 95-3959553	
22 City & State		27 City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes the current year Intangible Personal Property Tax. ☐ 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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	☐ DELETE			
NAME	POSEY, RICHARD E.				
STREET ADDRESS	4421 WATERFRONT DRIVE				
CITY-ST-ZIP	GLEN ALLEN VA 23060				
TITLE	VPCF	☐ DELETE			
NAME	HOYT, CHARLES B				
STREET ADDRESS	4421 WATERFRONT DR.				
CITY-ST-ZIP	GLEN ALLEN VA 23060				
TITLE	VT	☐ DELETE			
NAME	TAYLOR, JAMES H				
STREET ADDRESS	4421 WATERFRONT DR.				
CITY-ST-ZIP	GLEN ALLEN VA 23060				
TITLE	VPS	☐ DELETE			
NAME	MANSON, GEORGE P J				
STREET ADDRESS	4421 WATERFRONT DR				
CITY-ST-ZIP	GLEN ALLEN VA 23060				
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

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, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** P. Manson, Jr.

804/527-7398

Date

Daytime Phone #

CR2E034 (11/98)