


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 06, 2005 8:00 am
Secretary of State

06-06-2005 90001 025 ***150.00

DOCUMENT # P07207
1. Entity Name
HAMILTON BEACH/PROCTOR-SILEX, INC.



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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



05092005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
95-3959553 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MORECROFT, MICHAEL J	
STREET ADDRESS	4421 WATERFRONT DRIVE	
CITY-ST-ZIP	GLEN ALLEN, VA 23060	
TITLE	VPCF	<input checked="" type="checkbox"/> Delete
NAME	HOYT, CHARLES B	
STREET ADDRESS	4421 WATERFRONT DR.	
CITY-ST-ZIP	GLEN ALLEN, VA 23060	
TITLE	VT	<input type="checkbox"/> Delete
NAME	TAYLOR, JAMES H	
STREET ADDRESS	4421 WATERFRONT DR.	
CITY-ST-ZIP	GLEN ALLEN, VA 23060	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SYKES, DANA B	
STREET ADDRESS	4421 WATERFRONT DRIVE	
CITY-ST-ZIP	GLEN ALLEN, VA 23060	
TITLE	VS	<input type="checkbox"/> Delete
NAME	DILLER, KATHLEEN L	
STREET ADDRESS	4421 WATERFRONT DRIVE	
CITY-ST-ZIP	GLEN ALLEN, VA 23060	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TREPP, GREGORY	
STREET ADDRESS	4421 WATERFRONT DR	
CITY-ST-ZIP	GLEN ALLEN, VA 23060	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. Norman Hall	
STREET ADDRESS	4421 Waterfront Dr.	
CITY-ST-ZIP	Glen Allen, VA 23060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. Norman Hall *assistant treasurer* 5/31/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #