

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07207

FILED
Apr 13, 2006
Secretary of State

Entity Name: HAMILTON BEACH/PROCTOR-SILEX, INC.

Current Principal Place of Business:

4421 WATERFRONT DRIVE
GLEN ALLEN, VA 23060 US

New Principal Place of Business:

Current Mailing Address:

4421 WATERFRONT DRIVE
GLEN ALLEN, VA 23060 US

New Mailing Address:

FEI Number: 95-3959553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORECROFT, MICHAEL J
Address: 4421 WATERFRONT DRIVE
City-St-Zip: GLEN ALLEN, VA 23060

Title: AT () Delete
Name: HALL, J. NORMAN
Address: 4421 WATERFRONT DRIVE
City-St-Zip: GLEN ALLEN, VA 23060

Title: VT () Delete
Name: TAYLOR, JAMES H.
Address: 4421 WATERFRONT DR.
City-St-Zip: GLEN ALLEN, VA 23060

Title: AS () Delete
Name: SYKES, DANA B
Address: 4421 WATERFRONT DRIVE
City-St-Zip: GLEN ALLEN, VA 23060

Title: VS () Delete
Name: DILLER, KATHLEEN L
Address: 4421 WATERFRONT DRIVE
City-St-Zip: GLEN ALLEN, VA 23060

Title: VP () Delete
Name: TREPP, GREGORY
Address: 4421 WATERFRONT DR
City-St-Zip: GLEN ALLEN, VA 23060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. NORMAN HALL

AT

04/13/2006

Electronic Signature of Signing Officer or Director

_____ Date