

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90206 024 \*\*\*150.00

DOCUMENT # P12628

1. Corporation Name  
MANSFIELD PLUMBING PRODUCTS, INC.

Principal Place of Business  
150 E.FIRST ST.  
PERRYVILLE OH 44864

Mailing Address  
150 E.FIRST ST.  
PERRYVILLE OH 44864

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/22/1986

2. Principal Place of Business

2a. Mailing Address  
233 S. WACKER DR.

4. FEI Number  
34-1534929

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State  
CHICAGO, IL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip Country

Zip 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

UNITED STATES CORPORATION COMPANY  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE  
NAME HARBRECHT, JOSEPH W  
STREET ADDRESS 150 FIRST ST  
CITY-ST-ZIP PERRYVILLE OH

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VP ☐ DELETE  
NAME ATHAS, GUS J.  
STREET ADDRESS 233 S WACKER DR STE 3500  
CITY-ST-ZIP CHICAGO IL

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME VP  
2.3 STREET ADDRESS CURRAN, LARRY  
2.4 CITY-ST-ZIP 150 FIRST STREET  
PERRYVILLE, OH 44864

TITLE S ☐ DELETE  
NAME ATHAS, GUS J  
STREET ADDRESS 233 S WACKER DR STE 3500  
CITY-ST-ZIP CHICAGO IL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME HALL, WILLIAM K.  
STREET ADDRESS 233 S WACKER DR STE 3500  
CITY-ST-ZIP CHICAGO IL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME PHILIPPIN, CHARLIE  
STREET ADDRESS 280 PARK AVE  
CITY-ST-ZIP NEW YORK NY 10017

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME HARBRECHT, JOSEPH W  
STREET ADDRESS 150 FIRST ST  
CITY-ST-ZIP PERRYVILLE OH

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME D  
6.3 STREET ADDRESS COTTONE, SAM A.  
6.4 CITY-ST-ZIP 150 FIRST STREET  
PERRYVILLE, OH 44864

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

4-13-99

312.906.9700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)