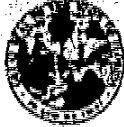


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Norman
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:21**

DOCUMENT # P13386

(8)

1. Corporation Name

SULLAIR CORPORATION

Principal Place of Business

**3700 E. MICHIGAN BLVD.
MICHIGAN CITY IN 46360**

Mailing Address

**3700 E. MICHIGAN BLVD.
MICHIGAN CITY IN 46360**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/26/1987

3a. Date of Last Report

04/11/1994

4. FEI Number

35-1112760

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

Signature (typed or printed name of registered agent and title of application)

(NOTE: Registered Agent signature required when nominating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	WEISIGER, JOSEPH
STREET ADDRESS	2210 CHEROKEE CIR
CITY - ST - ZIP	VALPARAISO IN
TITLE	SD
NAME	SCHILLING, RICHARD M.
STREET ADDRESS	1637 COACHMAN DRIVE
CITY - ST - ZIP	ROCKFORD IL
TITLE	D
NAME	BROWNE, THOMAS J.
STREET ADDRESS	129 COUNTRY CLUB DRIVE
CITY - ST - ZIP	LAPORTE IN
TITLE	T
NAME	RICKETTS, JAMES F.
STREET ADDRESS	913 NO. MAIN
CITY - ST - ZIP	ROCKFORD IL
TITLE	AT
NAME	CAVANAUGH, NANETTE
STREET ADDRESS	2823 ELBRIDGE WAY
CITY - ST - ZIP	MICHIGAN CITY IN
TITLE	V
NAME	STASYSHAN, RICHARD W.
STREET ADDRESS	51279 HUNTING RIDGE TR.
CITY - ST - ZIP	GRANGER IN

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Nanette Cavanaugh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Nanette Cavanaugh
Asst. Treasurer**

4/5/95

219/879-5451