FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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	Mailing Address
3700 E. MICHIGAN BLVD. MICHIGAN CITY IN 46360	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**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

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 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	11 TITLE	☐ Change ☐ Addition
NAME	WEISIGER, JOSEPH	12 NAME	
STREET ADDRESS	2210 CHEROKEE CIR	13 STREET ADDRESS	
CITY-ST-ZIP	VALPARAISO IN	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	SCHILLING, RICHARD M.	22 NAME	
STREET ADDRESS	1637 COACHMAN DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	ROCKFORD IL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BROWNE, THOMAS J.	32 NAME	
STREET ADDRESS	129 COUNTRY CLUB DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	LAPORTE IN	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	RICKETTS, JAMES F.	42 NAME	
STREET ADDRESS	913 NO. MAIN	43 STREET ADDRESS	
CITY-ST-ZIP	ROCKFORD IL	44 CITY-ST-ZIP	
TITLE	AT	51 TITLE	☐ Change ☐ Addition
NAME	CAVANAUGH, NANETTE	52 NAME	
STREET ADDRESS	2823 ELBRIDGE WAY	53 STREET ADDRESS	
CITY-ST-ZIP	MICHIGAN CITY IN	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	STASYSHAN, RICHARD W.	62 NAME	
STREET ADDRESS	51279 HUNTING RIDGE TR.	63 STREET ADDRESS	
CITY-ST-ZIP	GRANGER IN	64 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)(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.

SIGNATURE: Nanette Cavanaugh — Nanette Cavanaugh
Asst. Treasurer — 4/5/95 — 219/879-5451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

040010 FN