

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

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

03-22-1999 90057 012 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P13386

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

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22. City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27. City & State

28 Zip Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **LAPRADE, EDWIN W**
CITY-ST-ZIP **1592 SPYGLASS CIRCLE
CHESTERTON IN**

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **SCHILLING, RICHARD M.**
CITY-ST-ZIP **1637 COACHMAN DRIVE
ROCKFORD IL**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **DONOVAN, PAUL**
CITY-ST-ZIP **2515 CHEROKEE TRAIL
ROCKFORD IL**

TITLE ☐ DELETE
NAME **AT**
STREET ADDRESS **BIRMINGHAM, NANETTE**
CITY-ST-ZIP **2823 ELBRIDGE WAY
MICHIGAN CITY IN**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **THOMAS, PATRICK L**
CITY-ST-ZIP **2390 CAIRNWEIL DR
BELVIDERE IL**

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **LARSON, GARY L.**
CITY-ST-ZIP **6910 WOODCREST
ROCKFORD IL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 **SD**
2.3 STREET ADDRESS **Mary Ann Hynes**
2.4 CITY-ST-ZIP **7103 West Birchwood
Niles, IL 60714**

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 **AT**
4.3 STREET ADDRESS **Robert Lazzerini**
4.4 CITY-ST-ZIP **216 W. William St.
Michigan City, IN 46360**

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 **679 Harvest Road**
6.4 CITY-ST-ZIP **Valparaiso, IN 46383**

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: **Gary L. Larson** Vice President Finance/MIS January 12, 1999 219-879-5451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)

247685-90057-12
P13386



Sullair Corporation
Subsidiary of Sundstrand Corporation
3700 East Michigan Blvd.
Michigan City, IN 46360

Phone 219-879-5451

Officers and Directors

January 8, 1999

<u>Name and home address:</u>	<u>SSN</u>	
Edwin W. Laprade 1592 Spyglass Circle Chesteron, IN 46304	029-32-6900	President & Director
Gary L. Larson 679 Harvest Road Valparaiso, IN 46363	479-80-5644	Vice President, Finance/MIS
Mary Ann Hynes 7103 West Birchwood Niles, IL 60714	332-38-5231	Secretary & Director
James R. Carlson 1706 Red Oak Lane Rockford, IL 61107	326-38-7238	Treasurer
Neil D. Trautenberg 1776 Balmoral Ct. Belvidere, IL 61008	298-42-9881	Asst. Treasurer
Robert Lazzerini 216 W. William St. Michigan City, IN 46360	342-58-4361	Asst. Treasurer
William R. Coole 1322 Tuneburg Pkwy. Belvidere, IL 61008	369-46-4313	Asst. Secretary
Patrick L. Thomas 2390 Cairnwell Dr. Belvidere, IL 61008	501-48-9212	Director