

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
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90072 018 ***150.00

DOCUMENT # P15515

1. Corporation Name
NORDYNE, INC.

Principal Place of Business
**1801 PARK 270 DRIVE
SUITE 600
ST LOUIS MO 63146-4020**

Mailing Address
**C/O NORTEK, INC.
50 KENNEDY PLAZA
PROVIDENCE RI 02903
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1987

4. FEI Number

05-0414831

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

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYES ST
TALLAHASSEE FL 32301**

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	P	<input type="checkbox"/> DELETE
NAME	LAGRAND, DAVID J	
STREET ADDRESS	1801 PARK 270 DRIVE, SUITE 600	
CITY-ST-ZIP	ST. LOUIS MO 63146	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BREADY, RICHARD L.	
STREET ADDRESS	50 KENNEDY PLAZA	
CITY-ST-ZIP	PROVIDENCE RI 02903	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DONNELLY, KEVIN W.	
STREET ADDRESS	50 KENNEDY PLAZA	
CITY-ST-ZIP	PROVIDENCE RI 02903	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	HARRIS, RICHARD J.	
STREET ADDRESS	50 KENNEDY PLAZA	
CITY-ST-ZIP	PROVIDENCE RI 02903	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCHUGH, JOSEPH M	
STREET ADDRESS	1801 PARK 270 DRIVE, SUITE 600	
CITY-ST-ZIP	ST. LOUIS MO 63146	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KELLY, JAMES E	
STREET ADDRESS	1801 PARK 270 DRIVE	
CITY-ST-ZIP	ST LOUIS MO 63146-4020	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/99 401-751-1600

CR2E034 (1/98)