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

APPROVED AND FILED

95 MAY -1 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P19901** **(8)**

1. Corporation Name
THE WEST BEND COMPANY

Principal Place of Business	Mailing Address
400 WASHINGTON STREET WEST BEND WI 53095	~~400 WASHINGTON STREET~~ ~~WEST BEND WI 53095~~ 1717 Deerfield RD Deerfield, IL 60015

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/30/1988	3a. Date of Last Report: 05/01/1994
4. FEI Number: 36-3578254	☐ 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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE INSLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City **FL** 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	1.1 TITLE		☐ Change ☐ Addition
NAME	RINGLER, JAMES M.	1.2 NAME		
STREET ADDRESS	478 MEDITATION LANE	1.3 STREET ADDRESS		
CITY-ST-ZIP	WORTHINGTON OH	1.4 CITY-ST-ZIP		
TITLE	P	2.1 TITLE		☐ Change ☐ Addition
NAME	KIECKHAFER, THOMAS W.	2.2 NAME		
STREET ADDRESS	5466 WOODLAND SUNSET	2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST BEND WI	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	INDERMUEHLE, RAYMOND C.	3.2 NAME		
STREET ADDRESS	1322 STIRLING CT.	3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST BEND WI	3.4 CITY-ST-ZIP		
TITLE	AS	4.1 TITLE		☐ Change ☐ Addition
NAME	ROEHLK, THOMAS M.	4.2 NAME		
STREET ADDRESS	705 HUNTER ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	GLENVIEW IL	4.4 CITY-ST-ZIP		
TITLE	AS	5.1 TITLE		☐ Change ☐ Addition
NAME	VIX, CAROL A.	5.2 NAME		
STREET ADDRESS	1717 DEERFIELD ROAD	5.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD IL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	C/D	☐ Change ☒ Addition
NAME		6.2 NAME	Warren L. Batts	
STREET ADDRESS		6.3 STREET ADDRESS	1717 Deerfield Road	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Deerfield, IL 60015	

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: Carol A. Vix **ASSISTANT SECRETARY** 4/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480147 FP