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Jul 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P19901 (8)

1. Corporation Name
THE WEST BEND COMPANY



Principal Place of Business 400 WASHINGTON STREET WEST BEND WI 53095	Mailing Address 1717 DEERFIELD RD 1717 DEERFIELD ROAD DEERFIELD IL 60015-3977 US
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3. Date Incorporated or Qualified 06/30/1988	3a. Date of Last Report 05/01/1996
4. FEI Number 36-3578254	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 SOUTH 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

85. Zip Code

FL

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 reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	C RINGLER, JAMES M.
STREET ADDRESS	478 MEDITATION LANE
CITY-ST-ZIP	WORTHINGTON OH
TITLE	<input type="checkbox"/> DELETE
NAME	P KIECKHAFFER, THOMAS W.
STREET ADDRESS	5406 WOODLAND SUNSET
CITY-ST-ZIP	WEST BEND WI
TITLE	<input type="checkbox"/> DELETE
NAME	V INDERMUEHLE, RAYMOND C.
STREET ADDRESS	1322 STIRLING CT.
CITY-ST-ZIP	WEST BEND WI
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	AS ROEHLK, THOMAS M.
STREET ADDRESS	705 HUNTER ROAD
CITY-ST-ZIP	GLENVIEW IL
TITLE	<input type="checkbox"/> DELETE
NAME	V FLETCHER, L JOHN
STREET ADDRESS	1717 DEERFIELD ROAD
CITY-ST-ZIP	DEERFIELD IL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	CD BATTS, WARREN L
STREET ADDRESS	1717 DEERFIELD ROAD
CITY-ST-ZIP	DEERFIELD IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1717 DEERFIELD ROAD
1.4 CITY-ST-ZIP	DEERFIELD IL 60015
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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	AS CARL JOHNSON
4.3 STREET ADDRESS	1717 DEERFIELD ROAD
4.4 CITY-ST-ZIP	DEERFIELD, IL 60015
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 checked="" type="checkbox"/> Addition
6.2 NAME	V GREGORY J. MANCUSO
6.3 STREET ADDRESS	1717 DEERFIELD ROAD
6.4 CITY-ST-ZIP	DEERFIELD, IL 60015

14. I do 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 or in an attachment with an address.

SIGNATURE _____

CR2E034 (9/96)