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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 MAR 14 AM 8:25

DOCUMENT # **P24217** (2)

1. Corporation Name
RUBBERMAID INCORPORATED

Principal Place of Business	Mailing Address
1147 AKRON RD. WOOSTER OH 44691	1147 AKRON RD. WOOSTER OH 44691

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/09/1989
3a. Date of Last Report: 04/21/1994
4. FEI Number: 34-0628700 — 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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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 ______________________ DATE ________

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCEO	1 1 TITLE	[X] Change ☐ Addition
NAME	SCHMITT WOLFGANG R	1 2 NAME	
STREET ADDRESS	1400 THE TREESE	1 3 STREET ADDRESS	1400 The Trees
CITY-ST-ZIP	WOOSTER OH	1 4 CITY-ST-ZIP	
TITLE	PCOO	2 1 TITLE	☐ Change ☐ Addition
NAME	CARROLL CHARLES A	2 2 NAME	
STREET ADDRESS	1545 EDEN	2 3 STREET ADDRESS	
CITY-ST-ZIP	WOOSTER OH	2 4 CITY-ST-ZIP	
TITLE	VP	3 1 TITLE	Assistant Secretary [X] Change ☐ Addition
NAME	BROWN ARTHUR J	3 2 NAME	Martin J. Degnan
STREET ADDRESS	2824 HAPPY VALLEY RD W	3 3 STREET ADDRESS	1147 Akron Road
CITY-ST-ZIP	WOOSTER OH	3 4 CITY-ST-ZIP	Wooster, OH 44691
TITLE	SVP	4 1 TITLE	Senior Vice President, Chief [X] Change ☐ Addition
NAME	GATES RICHARD D	4 2 NAME	Financial Officer, George C. Weigand
STREET ADDRESS	202 MILLER LAKE RD	4 3 STREET ADDRESS	1147 Akron Road
CITY-ST-ZIP	WOOSTER OH	4 4 CITY-ST-ZIP	Wooster, OH 44691
TITLE	SVP	5 1 TITLE	☐ Change ☐ Addition
NAME	GATES, RICHARD D.	5 2 NAME	
STREET ADDRESS	202 MILLER LAKE RD.	5 3 STREET ADDRESS	
CITY-ST-ZIP	WOOSTER OH	5 4 CITY-ST-ZIP	
TITLE	VPGC	6 1 TITLE	☐ Change ☐ Addition
NAME	MORGAN JAMES A	6 2 NAME	
STREET ADDRESS	350 CALDWELL DR	6 3 STREET ADDRESS	
CITY-ST-ZIP	WOOSTER OH	6 4 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)(k), 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: ______________________ March 6, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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