

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P24217** (2)

1. Corporation Name
RUBBERMAID INCORPORATED



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

3. Date Incorporated or Qualified: **05/09/1989**
3a. Date of Last Report: **03/14/1995**
4. FEI Number: **34-0628700**
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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

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, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMITT WOLFGANG R	1.2 NAME	
STREET ADDRESS	1400 THE TREES	1.3 STREET ADDRESS	
CITY-ST-ZIP	WOOSTER OH	1.4 CITY-ST-ZIP	
TITLE	PCOO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	AS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEGNAN, MARTIN J	3.2 NAME	
STREET ADDRESS	1147 AKRON ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WOOSTER OH	3.4 CITY-ST-ZIP	
TITLE	SVPC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIGAND, GEORGE C	4.2 NAME	
STREET ADDRESS	1147 AKRON ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WOOSTER OH	4.4 CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Martin J. Degnan** 4-18-96 264-6464
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (12/95)