

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/09/1989	
4. FEI Number 34-0628700		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	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		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 (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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCEO	1.1 TITLE	
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	2.1 TITLE	
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	3.1 TITLE	
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	4.1 TITLE	
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	5.1 TITLE	Vice President & Treasurer
NAME	GATES, RICHARD D.	5.2 NAME	John W. Dean III
STREET ADDRESS	202 MILLER LAKE RD.	5.3 STREET ADDRESS	5826 Garth Circle, N.W.
CITY-ST-ZIP	WOOSTER OH	5.4 CITY-ST-ZIP	Canton, OH 44718
TITLE	VPGC	6.1 TITLE	
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 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.

SIGNATURE _____ Martin J. Degnan
4-2-98 330-264-6464

CR2E034 (10/97)