

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90227 035 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P24217

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

3. Date Incorporated or Qualified

05/09/1989

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 6833 Stalter Dr., Suite 101

27 Suite, Apt. #, etc.

28 City & State
Rockford IL

29 Zip Country

61108 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 (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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CCEO ☒ DELETE

NAME SCHMITT, WOLFGANG R

STREET ADDRESS 1400 THE TREES

CITY-ST-ZIP WOOSTER OH

TITLE PCOO ☒ DELETE

NAME CARROLL CHARLES A

STREET ADDRESS 1545 EDEN

CITY-ST-ZIP WOOSTER OH

TITLE AS ☒ DELETE

NAME DEGNAN, MARTIN J

STREET ADDRESS 1147 AKRON ROAD

CITY-ST-ZIP WOOSTER OH

TITLE SVPC ☒ DELETE

NAME WEIGAND, GEORGE C

STREET ADDRESS 1147 AKRON ROAD

CITY-ST-ZIP WOOSTER OH

TITLE VPT ☒ DELETE

NAME DEAN, JOHN W. I

STREET ADDRESS 5826 GARTH CIRCLE, NW

CITY-ST-ZIP CANTON OH 44718

TITLE VPGC ☒ DELETE

NAME MORGAN JAMES A

STREET ADDRESS 350 CALDWELL DR

CITY-ST-ZIP WOOSTER OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P

Thomas A. Ferguson

One Millington Road

Beloit, WI 53511

VP

Dale Matschullat

6833 Stalter Dr., Rockford IL 61108

VPT

Clarence R. Davenport

29 East Stephenson Street

Freeport, IL 61032

VP

William T. Alldredge

One Millington Road

Beloit, WI 53511

S

Richard H. Wolff

6833 Stalter Dr., Suite 101

Rockford, IL 61108

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, with all other like empowered.

SIGNATURE: Richard H. Wolff, Secretary 4-23-99 815-381-8120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)