

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P24217

FILED
Feb 14, 2006
Secretary of State

Entity Name: RUBBERMAID INCORPORATED

Current Principal Place of Business:

1147 AKRON RD.,
WOOSTER, OH 44691

New Principal Place of Business:

10B GLENLAKE PARKWAY, SUITE 600
ATLANTA, GA 30328

Current Mailing Address:

10 B GLENLAKE PKWY STE 600
ATLANTA, GA 30328

New Mailing Address:

FEI Number: 34-0628700 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPGC () Delete
Name: MATSCHULLAT, DALE L
Address: 10 B GLENLAKE STE 600
City-St-Zip: ATLANTA, GA 30328

Title: VPT () Delete
Name: MARTIN, DOUGLAS L
Address: 29 E. STEPHENSON ST
City-St-Zip: FREEPORT, IL 61032

Title: S () Delete
Name: MATSCHULLAT, DALE L
Address: 10 B GLENLAKE PKWY STE 600
City-St-Zip: ATLANTA, GA 30328

Title: D () Delete
Name: MATSCHULLAT, DALE L
Address: 10 B GLENLAKE PKWY STE 600
City-St-Zip: ATLANTA, GA 30328

Title: D () Delete
Name: MARTIN, DOUGLAS L
Address: 29 E STEPHENSON ST.
City-St-Zip: FREEPORT, IL 61032

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DAS () Change (X) Addition
Name: TURNER, BRADFORD R
Address: 10B GLENLAKE PARKWAY, SUITE 600
City-St-Zip: ATLANTA, GA 30328

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRADFORD R. TURNER

AS

02/14/2006

Electronic Signature of Signing Officer or Director

_____ Date