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FLORIDA ANNUAL REPORT
1995

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR -1 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P28242 (6)

1. Corporation Name
THE CALMAR MANUFACTURING CO.

| Principal Place of Business | Mailing Address |
|---|---|
| 402 E. MAIN STREET<br>CALMAR IA 52132 | 402 E. MAIN STREET<br>CALMAR IA 52132 |

DO NOT WRITE IN THIS SPACE.

| | |
|---|---|
| 3. Date Incorporated or Qualified: 02/21/1990 | 3a. Date of Last Report: 03/30/1994 |
| 4. FEI Number: 42-0820414 | ☐ 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 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| THE PRENTICE HALL SYSTEM, INC.<br>1201 HAYES ST.<br>STE 105<br>TALLAHASSEE FL 32301 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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
Signature, typed or printed name of Registered Agent and title if applicable. (NOTE: Registered Agent signature required when mandatory)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PTD | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | ANDERSON, BRUCE W. | 12 NAME | | |
| STREET ADDRESS | 402 E. MAIN STREET | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | CALMAR IA | 14 CITY-ST-ZIP | | |
| TITLE | VD | 21 TITLE | | ☒ Change ☐ Addition |
| NAME | HUSCHITT, FRANK III | 22 NAME | | |
| STREET ADDRESS | 28370 OAK KNOLL ROAD | 23 STREET ADDRESS | 25445 NORTH COUNTRYSIDE | |
| CITY-ST-ZIP | MCHENRY IL | 24 CITY-ST-ZIP | BARRINGTON, IL. 60010 | |
| TITLE | SD | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | NELSON, DONALD A. | 32 NAME | | |
| STREET ADDRESS | 402 E. MAIN STREET | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | CALMAR IA | 34 CITY-ST-ZIP | | |
| TITLE | D | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | HUSCHITT, MARION | 42 NAME | | |
| STREET ADDRESS | 23841 W. CHARDON ROAD | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | GRAYSLAKE IL | 44 CITY-ST-ZIP | | |
| TITLE | | 51 TITLE | D | ☐ Change ☒ Addition |
| NAME | | 52 NAME | HUSCHITT FRANK | |
| STREET ADDRESS | | 53 STREET ADDRESS | 23841 CHARDON ROAD | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | GRAYSLAKE IL | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | | |

14. I further certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attached sheet with an address.

SIGNATURE: [signature] 2/23/95 319-562-3261
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

040104 FN