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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 18 PM 5:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P29559** - **(2)**

1. Corporation Name
**HOBART CORPORATION**

DO NOT WRITE IN THIS SPACE.

| Principal Place of Business | Mailing Address |
|---|---|
| WORLD HEADQUARTERS<br>TROY OH 45374 | WORLD HEADQUARTERS<br>TROY OH 45374 |

3. Date Incorporated or Qualified: **05/29/1990**
3a. Date of Last Report: **04/27/1994**

| 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 / County 25 | Zip 29 / County 30 |

4. FEI Number: **36-3645335** ☐ 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

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| CT CORPORATION SYSTEM<br>1200 S. PINE ISLAND ROAD<br>PLANTATION FL 33324 | 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 _____
(Signature, type or print name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when name altered) (DATE)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☐ Change ☐ Addition |
| NAME | BATTS, WARREN L. | 12 NAME | |
| STREET ADDRESS | 1717 DEERFIELD ROAD | 13 STREET ADDRESS | |
| CITY-ST-ZIP | DEERFIELD IL | 14 CITY-ST-ZIP | |
| TITLE | VD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | COSTIGAN, JOHN M. | 22 NAME | |
| STREET ADDRESS | 1717 DEERFIELD ROAD | 23 STREET ADDRESS | |
| CITY-ST-ZIP | DEERFIELD IL | 24 CITY-ST-ZIP | |
| TITLE | PD | 31 TITLE | ☐ Change ☐ Addition |
| NAME | DEERING, JOSEPH W. | 32 NAME | |
| STREET ADDRESS | WORLD HEADQUARTERS | 33 STREET ADDRESS | |
| CITY-ST-ZIP | TROY OH | 34 CITY-ST-ZIP | |
| TITLE | AS | 41 TITLE | ☐ Change ☐ Addition |
| NAME | BAZLER, FRANK E. | 42 NAME | |
| STREET ADDRESS | WORLD HEADQUARTERS | 43 STREET ADDRESS | |
| CITY-ST-ZIP | TROY OH | 44 CITY-ST-ZIP | |
| TITLE | V | 51 TITLE | ☐ Change ☐ Addition |
| NAME | WILCOX, JAMES S. | 52 NAME | |
| STREET ADDRESS | WORLD HEADQUARTERS | 53 STREET ADDRESS | |
| CITY-ST-ZIP | TROY OH | 54 CITY-ST-ZIP | |
| TITLE | VT | 61 TITLE | ☐ Change ☐ Addition |
| NAME | SIMON, DAVID S. | 62 NAME | |
| STREET ADDRESS | 1717 DEERFIELD ROAD | 63 STREET ADDRESS | |
| CITY-ST-ZIP | DEERFIELD IL | 64 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)(i), Florida Statutes. I further certify that the information indicated on the 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:** X _____ K. W. KESSLER V.P. FINANCE 4/10/95 (513)332-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K: ,

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