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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P29559

(2)

1. Corporation Name

HOBART CORPORATION

Principal Place of Business

WORLD HEADQUARTERS
TROY OH 45374-0001

Mailing Address

701 S. RIDGE AVENUE
TROY OH
TROY OH 45374-0000 -0001
US

3. Date Incorporated or Qualified

05/20/1990

3a. Date of Last Report

04/23/1996

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

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

Country

29

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D BATTIS, WARREN L.
STREET ADDRESS
1717 DEERFIELD ROAD
CITY-ST-ZIP
DEERFIELD IL

TITLE ☐ DELETE

NAME
VD COSTIGAN, JOHN M.
STREET ADDRESS
1717 DEERFIELD ROAD
CITY-ST-ZIP
DEERFIELD IL

TITLE ☐ DELETE

NAME
PD DEERING, JOSEPH W.
STREET ADDRESS
WORLD HEADQUARTERS
CITY-ST-ZIP
TROY OH

TITLE ☐ DELETE

NAME
AS PICA, MARY ROSE
STREET ADDRESS
WORLD HEADQUARTERS
CITY-ST-ZIP
TROY OH

TITLE ☐ DELETE

NAME
V WILCOX, JAMES S.
STREET ADDRESS
WORLD HEADQUARTERS
CITY-ST-ZIP
TROY OH

TITLE ☒ DELETE

NAME
VT SIMON, DAVID S.
STREET ADDRESS
1717 DEERFIELD ROAD
CITY-ST-ZIP
DEERFIELD IL

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

VT GOOSSEN, ISABELLE C.
1717 DEERFIELD ROAD
DEERFIELD IL

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James S. Wilcox, V.P. Finance 04/22/97 (937) 332-2005

Date

Daytime Phone #

CR2E034 (9/96)