


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90214 024 ***150.00

DOCUMENT # P29559 1. Entity Name HOBART CORPORATION	
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Principal Place of Business
**3600 WEST LAKE AVENUE
GLENVIEW, IL 60025 US**

Mailing Address
**3600 WEST LAKE AVENUE
GLENVIEW, IL 60025 US**

40000000



04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3645335	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD RODRIGUEZ, FELIX L JR 3600 WEST LAKE AVE GLENVIEW, IL 600261215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SUTHERLAND, ALLAN C 3600 WEST LAKE AVE GLENVIEW, IL 600261215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, JOHN R 3600 WEST LAKE AVE GLENVIEW, IL 60025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, JOHN R 3600 WEST LAKE AVE GLENVIEW, IL 60025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KREMME, DONN A 701 SOUTH RIDGE AVE TROY, OH 45374
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-06 847-724-7500

Allen C. Sutherland