FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P33613** **(1)**

1. Corporation Name

KOHLER CO.

Principal Place of Business	Mailing Address
TAX DEPARTMENT **KOHLER WI 53044**	**TAX DEPARTMENT** **KOHLER WI 53044**

3. Date Incorporated or Qualified: **04/17/1991**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **39-0402810** ☐ 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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent's signature required when changing agent.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KOHLER, H. V., JR.		1.2 NAME	
STREET ADDRESS	441 GREEN TREE RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	KOHLER WI		1.4 CITY-ST-ZIP	
TITLE	VC	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, S.H.		2.2 NAME	
STREET ADDRESS	427 WOODHAVEN CT.		2.3 STREET ADDRESS	
CITY-ST-ZIP	SHEBOYGAN WI		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TIEDENS, G. R.		3.2 NAME	
STREET ADDRESS	10228 N. RANGE LINE RD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	MEQUON WI		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WELLS, R. A.		4.2 NAME	
STREET ADDRESS	608 SCHOOL STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP	KOHLER WI		4.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BLACK, N. A.		5.2 NAME	
STREET ADDRESS	ROUTE 1		5.3 STREET ADDRESS	
CITY-ST-ZIP	OOSTBURG WI		5.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CONGER, K. W.		6.2 NAME	
STREET ADDRESS	1097 2B WOODLAKE RD		6.3 STREET ADDRESS	
CITY-ST-ZIP	KOHLER WI		6.4 CITY-ST-ZIP	

*See attached for additional officers & directors

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 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: J.T.Von Der Vellen V.Pres.-Taxation 4/29/96 414-457-4441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)