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Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90021 007 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P33613

1. Corporation Name  
KOHLER CO.

Principal Place of Business  
TAX DEPARTMENT  
KOHLER WI 53044

Mailing Address  
TAX DEPARTMENT  
KOHLER WI 53044

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1991

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

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

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	KOHLER, H. V., JR.	
STREET ADDRESS	441 GREEN TREE RD	
CITY-ST-ZIP	KOHLER WI	

TITLE	VC	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, S.H.	
STREET ADDRESS	427 WOODHAVEN CT.	
CITY-ST-ZIP	SHEBOYGAN WI	

TITLE	V	<input type="checkbox"/> DELETE
NAME	TIEDENS, G. R.	
STREET ADDRESS	10228 N. RANGE LINE RD.	
CITY-ST-ZIP	MEQUON WI	

TITLE	V	<input type="checkbox"/> DELETE
NAME	WELLS, R. A.	
STREET ADDRESS	608 SCHOOL STREET	
CITY-ST-ZIP	KOHLER WI	

TITLE	V	<input type="checkbox"/> DELETE
NAME	BLACK, N. A.	
STREET ADDRESS	ROUTE 1	
CITY-ST-ZIP	OOSTBURG WI	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CONGER, K. W.	
STREET ADDRESS	1097 2B WOODLAKE RD	
CITY-ST-ZIP	KOHLER WI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	Sr. V. President-Human Resources <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	James M. Sweet
2.3 STREET ADDRESS	2139 Bollman Drive, Apt. 3B
2.4 CITY-ST-ZIP	Sheboygan, WI 53081

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	Sr. V.Pres.-Technical Services <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Dale E. Snyder
6.3 STREET ADDRESS	36 North Point Drive
6.4 CITY-ST-ZIP	Sheboygan, WI 53081

14. I 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, with all other like empowered.

SIGNATURE:

*[Signature]* **REQUIRED** Treasurer

4/12/99

Date

Daytime Phone #

CR2E034 (11/98)