2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P33613 Apr 19, 2000 8:00 am Secretary of State 1. Entity Name KOHLER CO. 04-19-2000 90102 045 ***150.00 Mailing Address Principal Place of Business TAX DEPARTMENT TAX DEPARTMENT Kohler wi 53044 KOHLER WI 53044 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 39-0402810 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ___ Addition Change ☐ Delete TITLE TITLE KOHLER, H. V., JR. NAME NAME 441 GREEN TREE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KOHLER WI x xAddition SRVP Change TITLE □X Delete TITLE SWEET, JAMES M NAME Jeffrey P. Cheney NAME STREET ADDRESS 2139 BOLLMAN DR APT. 38 STREET ADDRESS 4010 N. 50th Street CiTY-ST-ZIE CITY-ST-ZIP SHEBOYGAN WI 53081 Sheboygan, WI 53083 -- Delete TITLE TITLE TIEDENS, G. R. NAME NAME STREET ADDRESS 10228 N. RANGE LINE RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MEQUON WI** ☐ Change XX Addition Delete TITLE TITLE John M. Syralik II Willard Lane WELLS, R. A. NAME NAME STREET ADDRESS STREET ADDRESS **608 SCHOOL STREET** Towaco, NJ 07082 CITY-ST-ZIP CITY-ST-ZIP KOHLER WI Change ☐ Addition ☐ Delete TITLE TITLE NAME BLACK, N. A. **ROUTE 1** STREET ADDRESS STREET ADDRESS CITY-ST-ZtP CITY-ST-ZIE **OOSTBURG WI** ☐ Change SRVP ☐ Delete Addition TITLE SNYDER, DALE E NAME 36 N POINTE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SHEBOYGAN WI 53081 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied ental 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 11 or Block 12 if changed, or on an attachment with an aptidress, with all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. P. Cheney, Sr. Vice Pres.-Finance

4/7/00

Daytime Phone #