

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90053 011 ***150.00

DOCUMENT # P33613

1. Entity Name
KOHLER CO.



Principal Place of Business

**TAX DEPARTMENT
KOHLER, WI 53044**

Mailing Address

**TAX DEPARTMENT
KOHLER, WI 53044**

40002640



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 39-0402810	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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, 2005 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	CP KOHLER, H. V., JR. 441 GREEN TREE RD KOHLER, WI
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPFO CHENEY, JEFFREY P 4010 N 50TH STREET SHEBOYGAN, WI 53083
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SURALIK, JOHN M 11 WILLARD LANE TOWACO, NJ 07082
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPCS BLACK, N. A. ROUTE 1 OOSTBURG, WI
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SRVP SNYDER, DALE E 36 N POINTE DR SHEBOYGAN, WI 53081
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 exemption stated in Section 119.07(3)(i), 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: _____

Jeffrey P. Cheney

1/13/05

920-457-4441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sr. V. Pres. Finance & CFO

ATTACHMENT

KOHLER

40002640
P33613

Jan. 13, 2005

Dear Sir or Madam:

F.E.I.N. 39-0402810

Enclosed is Form CR2E034, "2005 State of Florida Corporation Annual Report," along with our check for \$150.00 in payment of the fee due.

If you have any questions please contact the Kohler Co., Tax Department.

Sincerely,



M. Peters

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

MP/tvs

Enclosure

WB 02131794