2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33613

Entity Name: KOHLER CO.

City-St-Zip:

OOSTBURG, WI 53070

FILED Jan 04, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: TAX DEPARTMENT KOHLER, WI 53044 **Current Mailing Address: New Mailing Address:** TAX DEPARTMENT KOHLER, WI 53044 FEI Number: 39-0402810 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition KOHLER, H. V., JR., Name: Name: KOHLER, H. V., JR., 441 GREEN TREE RD 441 GREEN TREE RD Address: Address: City-St-Zip: KOHLER, WI City-St-Zip: KOHLER, WI 53044 Title: **VPFO** Title: () Change () Addition () Delete Name: CHENEY, JEFFREY P Name: N6315 N 61ST ST Address: Address: SHEBOYGAN, WI 53083 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition () Delete VPT SURALIK, JOHN M SURALIK, JOHN M Name: Name: 832 BRIARWOOD COURG 832 BRIARWOOD COURT Address: Address: City-St-Zip: KOHLER, WI 53044 City-St-Zip: KOHLER, WI 53044 Title: **VPCS** () Delete Title: () Change () Addition BLACK, NATALIE A Name: Name: Address: 9934 WEEKS LANE Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JEFFREY P CHENEY VPFO 01/04/2008