

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 # **P34659** (3)

1. Corporation Name

RUBBERMAID COMMERCIAL PRODUCTS INC.



Principal Place of Business

Mailing Address

**RUBBERMAID COMMERCIAL PROD INC
3124 VALLEY AVE
WINCHESTER VA 22601
US**

**RUBBERMAID INCORPORATE
1147 AKRON ROAD
WOOSTER OH 44691
US**

2. Principal Place of Business

2a. Mailing Address

21 **3124 Valley Avenue**
Suite, Apt. #, etc.

26 **Rubbermaid Incorporated**
Suite, Apt. #, etc.

22 **Winchester, VA 22601**
City & State

27 **1147 Akron Road**
City & State

23 **22601** **USA**
Zip Country

28 **44691** **USA**
Zip Country

3. Date Incorporated or Qualified
07/15/1991

3a. Date of Last Report
03/14/1995

4. FEI Number
55-0490241
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

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **RAMOS, JOSEPH M.**
CITY-ST-ZIP **3124 VALLEY AVENUE
WINCHESTER VA**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **SCHMITT, WOLFGANG R.**
CITY-ST-ZIP **1147 AKRON ROAD
WOOSTER OH**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **CARROLL CHARLES A**
CITY-ST-ZIP **1147 AKRON ROAD
WOOSTER OH**

TITLE ☐ DELETE
NAME **VPM**
STREET ADDRESS **BRANDT, PATRICK W**
CITY-ST-ZIP **3124 VALLEY AVENUE
WINCHESTER VA**

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **PRICE, JAMES B.**
CITY-ST-ZIP **3124 VALLEY AVENUE
WINCHESTER VA**

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **WEIGAND GEORGE C**
CITY-ST-ZIP **1147 AKRON RD
WOOSTER OH**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Assistant Secretary**
2.3 STREET ADDRESS **Martin J. Degnan**
2.4 CITY-ST-ZIP **1147 Akron Road
Wooster, OH 44691**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Director & Chairman**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **Vice President, Manufacturing**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **Senior Vice President**
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martin J. Degnan

4-18-96

264-6464

Date

Daytime Phone #

CR2E034 (12/95)