2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2016
Secretary of State
CC9678927146

DOCUMENT# F01000000709

Entity Name: HALE PRODUCTS, INC.

Current Principal Place of Business:

HALE PRODUCTS, INC.
607 N.W. 27TH AVENUE
OCALA, FL 34475

Current Mailing Address:

HALE PRODUCTS, INC.
607 N.W. 27TH AVENUE
OCALA, FL 34475 US

FEI Number: 36-4412028

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S.PINE ISLAND RD.
PLANTATION, FL 33324 US

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

Officer/Director Detail :

Title	VP, ASSISTANT SECRETARY	Title	PRESIDENT, DIRECTOR
Name	BOYD, CRAIG TROUPE	Name	KIRCHNER, UWE
Address	HALE PRODUCTS, INC. 607 N.W. 27TH AVENUE	Address	HALE PRODUCTS, INC. 607 N.W. 27TH AVENUE
City-State-Zip:	OCALA FL 34475	City-State-Zip:	OCALA FL 34475
Title	TREASURER, DIRECTOR	Title	SECRETARY
Name	MILLER, KEITH	Name	NOTARO, FRANK JAMES
Address	HALE PRODUCTS, INC. 607 N.W. 27TH AVENUE	Address	HALE PRODUCTS, INC. 607 N.W. 27TH AVENUE
City-State-Zip:	OCALA FL 34475	City-State-Zip:	OCALA FL 34475
Title	DIRECTOR		
Name	SIMMONS, WILLIAM		
Address	HALE PRODUCTS, INC. 607 N.W. 27TH AVENUE		
City-State-Zip:	OCALA FL 34475		

I hereby 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 all other like empowered.

SIGNATURE: CRAIG TROUPE BOYD ASSISTANT SECRETARY 03/31/2016

Electronic Signature of Signing Officer/Director Detail — Date