

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

95 APR 24 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # F94000003747 (2)**  
1. Corporation Name  
**THE COLEMAN COMPANY, INC.**

Principal Place of Business <b>PO BOX 1762 WICHITA KS 67201</b>	Mailing Address <b>PO BOX 1762 WICHITA KS 67201</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 250 N. St. Francis Avenue</b>		2a. Mailing Address <b>26 P.O. Box 1762</b>		3. Date Incorporated or Qualified <b>07/18/1994</b>	3a. Date of Last Report <b>Initial Report</b>
Suite, Apt. #, etc. <b>22 c/o Tax Dept.</b>		Suite, Apt. #, etc. <b>27 c/o Tax Dept.</b>		4. FEI Number <b>13-3639257</b>	Applied For Not Applicable
City & State <b>23 Wichita, KS.</b>		City & State <b>28 Wichita, KS.</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip <b>24 67202-2610</b>	Country <b>25 U.S.A.</b>	Zip <b>29 67201-1762</b>	Country <b>30 U.S.A.</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code <b>FL</b>	

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 607.0509, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (typed or printed name of registered agent and title if applicable) (Typed Registered Agent Signature (typed when recording))

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CEO HAMMES, MICHAEL N 250 N. ST. FRANCIS WICHITA KS 67202</b>	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	<b>CEO/C</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VCFO MILEUSNIC, GEORGE 250 N. ST. FRANCIS WICHITA KS 67202</b>	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SRV OGDEN, CHARLES A 250 N. ST. FRANCIS WICHITA KS 67202</b>	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SRV SANFORD, LARRY E 250 N. ST. FRANCIS WICHITA KS 67202</b>	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<b>V/S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SRV STEARNS, DAVID K 250 N. ST. FRANCIS WICHITA KS 67202</b>	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SRV HAWES, MICHAEL S SR 250 N. ST. FRANCIS WICHITA KS 67202</b>	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 supplementary 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 addition.

**SIGNATURE:**  **Larry E. Sanford** 04/13/1995 **TAX DEPT. # 316-261-3402**