2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2004 8:00 am Secretary of State

DOCUMENT # F9400003747 1. Entity Name THE COLEMAN COMPANY, INC.					04-16-2004 90104 017 ***150.00		
Principal Place of Business Mailing Address						400	
2381 EXECUTIVE CENTER DR. BOCA RATON, FL 33431 US 2381 EXECUTIVE CENTER DR BOCA RATON, FL 33431					44029	703	
Principal Place of Business 3. Mailing A		3. Mailing Address	iling Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		010820	04 Chg-P	CR2E034 (10/03)	
City & State		City & State		4. FEI No. 13-3	mber 639257	Applied For Not Applicable	
Zip	Country	Zip	Country	5: Centifi	cate of Status Desire	d \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name	and Address of Ne	w Registered Agent	
				Name			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Street A	Street Address (P.O. Box Number is Not Acceptable)			
FLANTATI	ION, FL 33324						
			City			FL Zip Code	
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, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees							
10.	OFFICERS AND	DIRECTORS	11.	ADDITIO	NS/CHANGES TO C	DFFICERS AND DIRECTORS IN 11	
TITLE	CBDP	Delete	TITLE	PCED	30 14.77	Change Addition	
NAME	LEVIN, JERRY W		NAME	GWEN	C, W15	LER	
STREET ADDRESS CITY-ST-ZIP	2381 EXECUTIVE CENTER DR. BOCA RATON, FL 33431		STREET ADDRESS CITY-ST-ZIP	3,900	C WIS N HYDRA A, KS G	VLIC	
TITLE	VP.	□ Deleta	TITLE	wichil.	7/30	☐ Change ☐ Addition	
NAME	TOTTE, ROBERT	i Delete	NAME			Cliquis Clividitoti	
STREET ADDRESS CITY-ST-ZIP	2381 EXECUTIVE CENTER DR. BOCA RATON, FL 33431	المعالم	STREET ADDRESS CITY-ST-ZIP			المراجع المعاري المستنفوسات	
TITLE	S	Delete	TITLE	5		Change Addition	
NAME	ALLEN, BARBARA L	V	NAME	BERRET	H, STEVE Hydraust	MP.	
STREET ADDRESS CITY-ST-ZIP	3600 NORTH HYDROLIC		STREET ADDRESS CITY-ST-ZIP	3600 N1	TYDRACIC		
TITLE	WICHITA, KS 67219		TITLE	Wichn	7, KS 67		
NAME	RICHTER, RONALD R	Darete	NAME	501,00	EILI ROL	Change DAddition	
STREET ADDRESS	2381 EXECUTIVE CENTER DR.		STREET ADDRESS	2381 1	LECUTIVE	BERT J CENTER DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP	pour L	ATON, I	2 33 \$/3/	
TITLE NAME	EV PASSINO, RALPH M	Defete	TITLE NAME	SVE.	Daniel	Change Addition	
STREET ADDRESS	2381 EXECUTIVE CENTER DR.		STREET ADDRESS	DASI FU	KONALL	E CENTEN DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP	BOCAR	FTON PL	33431	
TITLE	SVGC	☐ Delete	TITLE	SUPAS			
NAME CTOCCT ADDRCOS	STEVEN, ISKO		NAME	I5 KO, S	TEVEN	۔ . م کم یہ سے م	
STREET ADDRESS CITY-ST-ZIP	2381 EXECUTIVE CENTER DR.		STREET ADDRESS	1381 E	FEUTIVE	CENTER DRIVE	

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: