


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90095 035 ***150.00

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1. Entity Name
 THE COLEMAN COMPANY, INC.



Principal Place of Business
 2381 EXECUTIVE CENTER DR.
 BOCA RATON, FL 33431 US

Mailing Address
 2381 EXECUTIVE CENTER DR.
 BOCA RATON, FL 33431 US

40055116

DO NOT WRITE IN THIS SPACE



03282007 No Chg-P CR2E034 (11/05)

4. FEI Number 13-3639257	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO KEIDAISCH, GARY 3600 N HYDRAULIC WICHITA, KS 67219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOTTE, ROBERT 2381 EXECUTIVE CENTER DR. BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCC RAZA, SALEEM W 3600 NORTH HYDROLIC WICHITA, KS 67219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ASHKEN, IAN 555 THEODORE FREMO AVENUE RYE, NY 10580
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Robert P. Totte ROBERT P. TOTTE 561-912-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #