

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 05 1996 8:00 am
Secretary of State

DOCUMENT # **F94000003747 (2)**

1. Corporation Name
THE COLEMAN COMPANY, INC.



Principal Place of Business

250 N. ST. FRANCIS AVENUE
C/O TAX DEPT.
WICHITA KS 67202-2610
US

Mailing Address

P.O. BOX 1762
C/O TAX DEPT.
WICHITA KS 67201-1762
US

2. Principal Place of Business
21 **3600 N. Hydraulic**
Subst. Apt. #, etc.

22 City & State
23 **Wichita, KS**

24 Zip Country
67219 U.S.A.

2a. Mailing Address
26 **1526 Cole Blvd.**
State, Apt. #, etc.

27 Suite 300
City & State
28 **Golden, CO**

29 Zip Country
80401 U.S.A.

3. Date Incorporated or Qualified 07/18/1994	3a. Date of Last Report 04/24/1995
4. FEI Number 13-3639257	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. 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

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0607 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 I accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CEOC	<input type="checkbox"/> DELETE
NAME	HAMMES, MICHAEL N	
STREET ADDRESS	250 N. ST. FRANCIS	
CITY, ST, ZIP	WICHITA KS	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	MILEUSNIC, GEORGE	
STREET ADDRESS	250 N. ST. FRANCIS	
CITY, ST, ZIP	WICHITA KS 67202	
TITLE	SRV	<input type="checkbox"/> DELETE
NAME	OGDEN, CHARLES A	
STREET ADDRESS	250 N. ST. FRANCIS	
CITY, ST, ZIP	WICHITA KS 67202	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	SANFORD, LARRY E	
STREET ADDRESS	250 N. ST. FRANCIS	
CITY, ST, ZIP	WICHITA KS	
TITLE	SRV	<input type="checkbox"/> DELETE
NAME	STEARNS, DAVID K	
STREET ADDRESS	250 N. ST. FRANCIS	
CITY, ST, ZIP	WICHITA KS 67202	
TITLE	SRV	<input type="checkbox"/> DELETE
NAME	HAWES, MICHAEL S SR	
STREET ADDRESS	250 N. ST. FRANCIS	
CITY, ST, ZIP	WICHITA KS 67202	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	1526 Cole Blvd., Suite 300
14 CITY, ST, ZIP	Golden, CO 80401
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	ExV/CFO
23 STREET ADDRESS	1526 Cole Blvd., Suite 300
24 CITY, ST, ZIP	Golden, CO 80401
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	P. O. Box 1762
34 CITY, ST, ZIP	Wichita, KS 67201
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	ExV/S
43 STREET ADDRESS	1526 Cole Blvd., Suite 300
44 CITY, ST, ZIP	Golden, CO 80401
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	ExV
53 STREET ADDRESS	1526 Cole Blvd., Suite 300
54 CITY, ST, ZIP	Golden, CO 80401
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	P. O. Box 1762
64 CITY, ST, ZIP	Wichita, KS 67201

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. I or my agent appearing with an address

SIGNATURE: **Larry E. Sanford** 01/19/96 303-202-2498

CR2E034 (12/95)