

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000003747

**Entity Name:** THE COLEMAN COMPANY, INC.

**Current Principal Place of Business:**

3600 NORTH HYDRAULIC  
WICHITA, KS 67219

**Current Mailing Address:**

3600 NORTH HYDRAULIC  
WICHITA, KS 67219 US

**FEI Number: 13-3639257**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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           DIRECTOR, SECRETARY  
Name           TURNER, BRADFORD R.  
Address        6655 PEACHTREE DUNWOODY  
                  ROADA  
City-State-Zip: ATLANTA GA 30328

Title           DIRECTOR  
Name           DAVE, RAJ  
Address        221 RIVER STREET  
City-State-Zip: HOBOKEN NJ 07030

Title           PRESIDENT  
Name           DONOHOE, MICHAEL  
Address        2381 EXECUTIVE CENTER DRIVE  
City-State-Zip: BOCA RATON FL 33431

Title           TREASURER  
Name           WESTREICH, ROBERT  
Address        221 RIVER STREET  
City-State-Zip: HOBOKEN NJ 07030

Title           VICE PRESIDENT TAX  
Name           WOOLLEY, LAUREN  
Address        2381 EXECUTIVE CENTER DRIVE  
City-State-Zip: BOCA RATON FL 33431

Title           VICE PRESIDENT SALES AND USE  
                  TAX  
Name           GOSS, JOHN  
Address        2381 EXECUTIVE CENTER DRIVE  
City-State-Zip: BOCA RATON FL 33431

Title           DIRECTOR HR  
Name           BECKER, LORI  
Address        3600 NORTH HYDRAULIC  
City-State-Zip: WICHITA KS 67219

*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: BRADFORD R. TURNER**

**SECRETARY**

**02/08/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date