

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000003747 (2)
1. Corporation Name
THE COLEMAN COMPANY, INC.



Principal Place of Business 9600 N. HYDRAULIC C/O TAX DEPT. WICHITA KS 67219 US	Mailing Address 1767 DENVER WEST BLVD PO BOX 4091 GOLDEN CO 80401 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/18/1994	
21	22	26	27	4. FEI Number 13-3639257	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State Wichita, KS		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip			
Country		Country			
		67201-2931		Sedgwick	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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
					FL

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 607.0505, Florida Statutes.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COCD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Albert J. Dunlap <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMES, MICHAEL N	1.2 NAME	COBD
STREET ADDRESS	1767 DENVER W BLVD	1.3 STREET ADDRESS	1615 S. Congress Ave.
CITY-ST-ZIP	GOLDEN CO	1.4 CITY-ST-ZIP	Delrey Beach, FL 33445 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	EVP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP
NAME	MILEUSNIC, GEORGE	2.2 NAME	Joseph S. Tesoriero
STREET ADDRESS	9600 N HYDRAULIC	2.3 STREET ADDRESS	2111 E. 37th St., N. Wichita, KS 67219
CITY-ST-ZIP	WICHITA KS	2.4 CITY-ST-ZIP	
TITLE	CFOV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, STEVEN F	3.2 NAME	David C. Fannin
STREET ADDRESS	1767 DENVER W BLVD	3.3 STREET ADDRESS	1615 S. Congress Ave.
CITY-ST-ZIP	GOLDEN CO	3.4 CITY-ST-ZIP	Delrey Beach, FL 33445 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	EVS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANFORD, LARRY E	4.2 NAME	Ronald R. Richter
STREET ADDRESS	1767 DENVER W BLVD	4.3 STREET ADDRESS	1615 S. Congress Ave.
CITY-ST-ZIP	GOLDEN CO	4.4 CITY-ST-ZIP	Delrey Beach, FL 33445 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	EV <input type="checkbox"/> DELETE	5.1 TITLE	VPC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEARNS, DAVID K	5.2 NAME	Robert J. Gluck
STREET ADDRESS	1767 DENVER W BLVD	5.3 STREET ADDRESS	1615 S. Congress Ave.
CITY-ST-ZIP	GOLDEN CO	5.4 CITY-ST-ZIP	Delrey Beach, FL 33445 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SRV <input checked="" type="checkbox"/> DELETE	6.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWES, MICHAEL S SR	6.2 NAME	Russell A. Kersh
STREET ADDRESS	14748 WEST CENTER RD SUITE 202	6.3 STREET ADDRESS	1615 S. Congress, Delrey Beach, FL 33445
CITY-ST-ZIP	OMAHA NE	6.4 CITY-ST-ZIP	

14. 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 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, or in an attachment with an address.

SIGNATURE _____

CR2E034 (10/97)