

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

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90155 021 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F94000003747**

1. Corporation Name  
**THE COLEMAN COMPANY, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**3600 N. HYDRAULIC  
 C/O TAX DEPT.  
 WICHITA KS 67219  
 US**

Mailing Address  
**P O BOX 2931  
 WICHITA KS 67201-931  
 US**

3. Date Incorporated or Qualified  
**07/18/1994**

2. Principal Place of Business  
**21 2381 Executive Center Dr.**

2a. Mailing Address  
**26 2381 Executive Center Dr.**

4. FEI Number  
**13-3639257**

Applied For  
 Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 **BOCA RATON FL**

28 **BOCA RATON FL**

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

24 **33431** 25 **USA**

29 **33431** 30 **USA**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

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 **FL** 85 Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>COBD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>COBD + President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DUNLAP, ALBERT J</b>	1.2 NAME	<b>JERRY W. LEVIN</b>
STREET ADDRESS	<b>1615 S CONGRESS AVE</b>	1.3 STREET ADDRESS	<b>2381 Executive Center Drive</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL 33445</b>	1.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TESORIERO, JOSEPH S</b>	2.2 NAME	<b>ROBERT P. TOTTE</b>
STREET ADDRESS	<b>2111 E 37TH ST N</b>	2.3 STREET ADDRESS	<b>2381 Executive Center Drive</b>
CITY-ST-ZIP	<b>WICHITA KS 67219</b>	2.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>S.V.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FANNIN, DAVID C</b>	3.2 NAME	<b>JANET G. KELLEY</b>
STREET ADDRESS	<b>1615 S CONGRESS AVE</b>	3.3 STREET ADDRESS	<b>2381 Executive Center Drive</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL 33445</b>	3.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHTER, RONALD R</b>	4.2 NAME	
STREET ADDRESS	<b>1615 S CONGRESS AVE</b>	4.3 STREET ADDRESS	<b>2381 Executive Center Drive</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL 33445</b>	4.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>
TITLE	<b>EV</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>EV</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STEARNS, DAVID K</b>	5.2 NAME	<b>Bobby Jenkins</b>
STREET ADDRESS	<b>1767 DENVER W BLVD</b>	5.3 STREET ADDRESS	<b>2381 Executive Center Drive</b>
CITY-ST-ZIP	<b>GOLDEN CO</b>	5.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>
TITLE	<b>VPC</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>EV</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GLUCK, ROBERT J</b>	6.2 NAME	<b>PAUL E. SHAPIRO</b>
STREET ADDRESS	<b>1615 S CONGRESS AVE</b>	6.3 STREET ADDRESS	<b>2381 Executive Center Drive</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL 33445</b>	6.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert J. Gluck** **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-30-99** **(561) 912-4100**  
 Date Daytime Phone #

CR2E034 (11/98)