

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

APPROVED AND FILED

95 APR 26 PM 2: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 258736 (8)

1. Corporation Name
FIGGIE SECURITY, INC.

Principal Place of Business Mailing Address

2064 PEACHTREE RD. NE 2064 PEACHTREE RD. NE
ATLANTA GA 30305 ATLANTA GA 30305

21	2. Principal Place of Business	22	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
05/08/1962	05/01/1994
4. FEI Number	Applied For
59-0970346	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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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

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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MASSIMEI, G.
STREET ADDRESS	2964 PEACHTREE RD., NE
CITY - ST - ZIP	ATLANTA, GA 00000
TITLE	S
NAME	FLOWERS, J
STREET ADDRESS	2964 PEACHTREE RD., NE
CITY - ST - ZIP	ATLANTA, GA 0
TITLE	D
NAME	HARTHUN, L A
STREET ADDRESS	4420 SHERWIN RD
CITY - ST - ZIP	WILLOUGHBY, OH 0
TITLE	AT
NAME	BYER, JAMES L
STREET ADDRESS	4420 SHERWIN RD
CITY - ST - ZIP	WILLOUGHBY, OH 0
TITLE	VT
NAME	NELSON, L. V.
STREET ADDRESS	2964 PEACHTREE RD NE
CITY - ST - ZIP	ATLANTA, GA 0
TITLE	AT
NAME	SCHULTE, JAMES M
STREET ADDRESS	4420 SHERWIN RD
CITY - ST - ZIP	WILLOUGHBY OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHN P. REILLY	
1.3 STREET ADDRESS	644 SPRUCE LANE	
1.4 CITY - ST - ZIP	LAKE FOREST, IL 60045	
2.1 TITLE	VP + SEC.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DELETE	
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	VP + SEC + D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DELETE	
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	VP + TRUSTEE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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, or on an attachment with an address.

SIGNATURE: James M. Schulte 4/14/95 216-953-2661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)