

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 822536 (9)

1. Corporation Name

FEDERAL SIGNAL CORPORATION



Principal Place of Business

1415 W 22ND STREET
ROOM 1100
OAK BROOK ILL 60521

Mailing Address

1415 W 22ND STREET
ROOM 1100
OAK BROOK ILL 60521

3. Date Incorporated or Qualified
03/20/1969

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

36-1063330

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ 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

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

TITLE V ☐ DELETE
NAME DYKEMA, KENRY L
STREET ADDRESS 6 ST. IVES DRIVE
CITY-ST-ZIP GREENSBURG PA

TITLE VT ☐ DELETE
NAME RACIC, ROBERT W.
STREET ADDRESS 10430 S. 89TH ST.
CITY-ST-ZIP PALOS HILLS IL 60465

TITLE VP ☐ DELETE
NAME DELEONARDIS, JOHN A.
STREET ADDRESS 1645 SEQUOIA TRAIL
CITY-ST-ZIP GLENVIEW IL 60025

TITLE VS ☐ DELETE
NAME WEHRENBURG, KIM A.
STREET ADDRESS 538 BRAEMAR
CITY-ST-ZIP NAPERVILLE IL 60563

TITLE PD ☐ DELETE
NAME ROSS, JOSEPH J
STREET ADDRESS 415 E GARTNER
CITY-ST-ZIP NAPERVILLE, IL 00000 60540

TITLE V ☐ DELETE
NAME RITZ, RICHARD L
STREET ADDRESS 3 FIELDSTONE ROAD
CITY-ST-ZIP ROLLING MEADOWS IL 60008

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V ☒ Change ☐ Addition
1.2 NAME Dykema, Henry
1.3 STREET ADDRESS 806 Burr Ridge Club Dr.
1.4 CITY-ST-ZIP Burr Ridge, IL 60521

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John DeLeonardis

Date

Daytime Phone #

4/17/96

(708) 954-3000

CR2E034 (12/95)