SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90005 047 ***550.00

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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # **842764**

1. Corporation Name

SCHINDLER ELEVATOR CORPORATION

Principal Place of Business	Mailing Address
20 WHIPPANY RD. 20 WHIPPANY ROAD MORRISTOWN NJ 07960 US	20 WHIPPANY RD. 20 WHIPPANY ROAD MORRISTOWN NJ 07960 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 03/08/1979

4. FEI Number: 34-1270056 ☐ 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 owes the current year Intangible Personal Property. ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	Director	☐ Change ☒ Addition
NAME	ZBINDEN, PETER, J.		1.2 NAME	DAVID J. BAUMS	
STREET ADDRESS	SCHINLDER MGMT LTD HQ		1.3 STREET ADDRESS	20 Whippany Road	
CITY-ST-ZIP	EBIKON-LUZERN, SWITZ.		1.4 CITY-ST-ZIP	Morristown, NJ 07960-4539	
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	COCCA, JAMES L.		2.2 NAME		
STREET ADDRESS	20 WHIPPANY ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	MORRISTOWN NJ		2.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, MICHAEL W		3.2 NAME		
STREET ADDRESS	20 WHIPPANY ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	MORRISTOWN NJ		3.4 CITY-ST-ZIP		
TITLE	SV	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KARNASH, JOHN S.M.		4.2 NAME		
STREET ADDRESS	20 WHIPPANY ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	MORRISTOWN NJ		4.4 CITY-ST-ZIP		
TITLE	VPT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	IMPELLIZERI, JOHN		5.2 NAME		
STREET ADDRESS	20 WHIPPANY ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	MORRISTOWN NJ		5.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	POUTANEN, HEIKKI J.		6.2 NAME		
STREET ADDRESS	20 WHIPPANY RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	MORRISTOWN NJ 07960		6.4 CITY-ST-ZIP		

CR2E034 (5/99)

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.

SIGNATURE: John N. Impellizzeri SIGNATURE REQUIRED 7/12/99 973-397-6032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #