

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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90147 017 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # F97000003905

1. Corporation Name
TESA ENTRY SYSTEMS, INC.



Principal Place of Business
 2100A NANCY HANKS DR
 NORCROSS GA 30071
 US

Mailing Address
 2100A NANCY HANKS DR
 NORCROSS GA 30071
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/25/1997

4. FEI Number
51-0346174

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 Tax. Yes No

2. Principal Place of Business
 21 2100A Nancy Hanks Drive
 Suite, Apt. #, etc.

2a. Mailing Address
 26 2100A Nancy Hanks Drive
 Suite, Apt. #, etc.

22 City & State
 23 Norcross GA

27 City & State
 28 Norcross GA

24 Zip 30071 25 Country USA
 29 Zip 30071 30 Country USA

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
 1201 HAYS ST
 TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASPARINI, ROBERT L	1.2 NAME	
STREET ADDRESS	555 THEODORE FREMD AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	RYE NY 10580	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNON, JOHN F	2.2 NAME	
STREET ADDRESS	700 NICKERSON RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARLBOROUGH MA 01752	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HITTON, JACK	3.2 NAME	JOHN HITTON
STREET ADDRESS	2714 APPLE VALLEY RD	3.3 STREET ADDRESS	1902 AIRPORT ROAD
CITY-ST-ZIP	ATLANTA GA 30319	3.4 CITY-ST-ZIP	MONROE NC 28110
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLAWECKI, JUDE	4.2 NAME	JUDE PLAWECKI
STREET ADDRESS	2714 APPLE VALLEY RD	4.3 STREET ADDRESS	2100A NANCY HANKS DRIVE
CITY-ST-ZIP	ATLANTA GA 30319	4.4 CITY-ST-ZIP	NORCROSS GA 30071
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AQUILINO, ROBERT M.	5.2 NAME	
STREET ADDRESS	2100A NANCY HANKS DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA 30071	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: John F. Hannon **John F. Hannon** ED
 Date: 1-25-99 Daytime Phone #: 508 481 0700

CR2E034 (1/98)