

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003041

FILED
Apr 15, 2008
Secretary of State

Entity Name: SCHLAGE LOCK COMPANY

Current Principal Place of Business:

155 CHESTNUT RIDGE RD
MONTVALE, NJ 07645

New Principal Place of Business:

Current Mailing Address:

155 CHESTNUT RIDGE RD
MONTVALE, NJ 07645

New Mailing Address:

FEI Number: 94-0846090 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAMACH, MICHAEL
Address: 155 CHESTNUT RIDGE RD
City-St-Zip: MONTVALE, NJ 07645

Title: VPD () Delete
Name: NACHTIGAL, PATRICIA
Address: 155 CHESTNUT RIDGE RD
City-St-Zip: MONTVALE, NJ 07645

Title: D () Delete
Name: KURLAND, LAWRENCE
Address: 155 CHESTNUT RIDGE RD
City-St-Zip: MONTVALE, NJ 07645

Title: SD () Delete
Name: SANTORO, BARBARA
Address: 155 CHESTNUT RIDGE RD
City-St-Zip: MONTVALE, NJ 07645

Title: C () Delete
Name: OAKLEY, J
Address: 155 CHESTNUT RIDGE RD
City-St-Zip: MONTVALE, NJ 07645

Title: T () Delete
Name: BRASIER, BARBARA
Address: 155 CHESTNUT RIDGE RD
City-St-Zip: MONTVALE, NJ 07645

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: WENTHE, J
Address: 155 CHESTNUT RIDGE RD
City-St-Zip: MONTVALE, NJ 07645

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN LEONARD

Electronic Signature of Signing Officer or Director

SECR

04/15/2008

_____ Date