


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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90075 013 ***150.00

PROFIT- CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000003251

1. Corporation Name
CERTIFIED SECURITY SYSTEMS, INC.

Principal Place of Business 845 LARCH AVE ELMHURST IL 60126	Mailing Address 845 LARCH AVE ELMHURST IL 60126
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified 06/09/1998	4. FEI Number 36-4204103	Applied For 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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

TITLE	D <input type="checkbox"/> DELETE
NAME	DUCHOSSOIS, RICHARD L
STREET ADDRESS	845 LARCH AVE
CITY-ST-ZIP	ELMHURST IL 60126
TITLE	D <input type="checkbox"/> DELETE
NAME	DUCHOSSOIS, CRAIG J
STREET ADDRESS	845 LARCH AVE
CITY-ST-ZIP	ELMHURST IL 60126
TITLE	DP <input type="checkbox"/> DELETE
NAME	BAKER, ROBERT I
STREET ADDRESS	845 LARCH AVE
CITY-ST-ZIP	ELMHURST IL 60126
TITLE	V <input type="checkbox"/> DELETE
NAME	RUTILI, JULIUS J
STREET ADDRESS	845 LARCH AVE
CITY-ST-ZIP	ELMHURST IL 60126
TITLE	VPCF <input type="checkbox"/> DELETE
NAME	FEALY, ROBERT L
STREET ADDRESS	845 LARCH AVE
CITY-ST-ZIP	ELMHURST IL 60126
TITLE	VP <input type="checkbox"/> DELETE
NAME	FLANNERY, MICHAEL E
STREET ADDRESS	845 LARCH AVE
CITY-ST-ZIP	ELMHURST IL 60126

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input 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	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Richard L. Duchossois* **REQUIRED** Treasurer 1/21/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)

232974-90075-13
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CERTIFIED SECURITY SYSTEMS, INC.
845 LARCH AVENUE
ELMHURST, IL 60126
DOCUMENT #: F 98000003251

STATE OF FLORIDA
PROFIT CORPORATION ANNUAL REPORT
YEAR OF 1999

OFFICERS

Robert I. Baker	President 2 Dewalt Court Elmhurst, IL 60126
Julius J. Rutili	Executive VP -- Security Systems Development 1015 Park River Forest, IL 60305
Jeffery S. Vincent	Executive Vice President-Finance 11 Royal Court Lincolnshire, IL 60069
Robert L. Fealy	Vice President and Chief Financial Officer 188 Popular Avenue Elmhurst, IL 60126
Michael E. Flannery	Vice President -- Law & Administration and Secretary 119 S. Quincy Hinsdale, IL 60521
Ronald W. Fleming	Assistant Treasurer 2327 Maple Northbrook, IL 60062
Mark B. Tone	Assistant Secretary 5327 Papaw Drive Naperville, IL 60564

DIRECTORS

Richard L. Duchossois	65 Spring Creek Road Barrington, IL 60010
Craig J. Duchossois	1532 Butterfield Road Flossmoor, IL 60422
Robert I. Baker	2 Dewalt Court Elmhurst, IL 60126