

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90096 021 ***150.00

DOCUMENT # F98000003251

1. Entity Name
CERTIFIED SECURITY SYSTEMS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 845 LARCH AVE ELMHURST IL 60126	Mailing Address 845 LARCH AVE ELMHURST IL 60126-1114
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 36-4204103	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE ASSISTANT TREASURER	NAME RONALD W. FLEMING	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 845 LARCH AVE	CITY-ST-ZIP ELMHURST, IL 60126	
TITLE ASSISTANT SECRETARY	NAME MARK B. TOJE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 845 LARCH AVE	CITY-ST-ZIP ELMHURST, IL 60126	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ronald W. Fleming* **RONALD W. FLEMING** ASSIST. TREASURER 4/28/00 (630) 279-3600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)