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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04375

(2)

VFP FIRE SYSTEMS, INC.

Principal Place of Business

Mailing Address

825 CORPORATE WOODS PARKWAY VERNON HILLS IL 60061-3148 825 CORPORATE WOODS PARKWAY VERNON HILLS IL 60061-3158

FILED May 21 1997 8:00am Secretary of State

3a. Date of Last Report



3. Date incorporated or Qualified

					12/17/1984	05/01/	05/01/1996		
	ace of Business	2a. Mailing Address		- 4	4. FEI Number			plied For	
			review PKWy		36-1913510		Not Applicab		
Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc. 27 Suite [3]				0	5. Certificate of Status Desired	\$	8.75 A	dditional quired	
City & State	on Hills, TL	City & State 28 Vernon 1	4115	IL	Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Zip 600 (Country	29 COOL 1	Country 30	/	This corporation has liability for Florida Statutes	r intangible tax ☐ Yes 🗶 N		199.032,	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New F	Registered Age	nt		
CT C	CORPORATION SYSTEM		81	Name					
1200 S. PINE ISLAND ROAD PLANTATION FL 33324				82 Street Address (P.O. Box Number is Not Acceptable)					
				oz otreet Address (F.O. box Nortice) is Not Addeptable)					
			83						
			84	City		8	5 Zip ('ode	
			"	City		FL °	3 - Eth /	2000	
. Pyrsuanti	o the provisions of Sections 607.05	02 and 607.1508, Florida Statu	tes, the abov	e-named co	rporation submits this statement for the	purpose of cha	anging it	registere	
 office or readent. Lar 	egistered agent, or both, in the Stat m familiar with, and accept the oblid	e of Florida. Such change was gations of, Section 607.0505. Fl	autnorized b orida Statute	y the corpora s.	ation's board of directors. I hereby acc	ept the appoint	ment as	registered	
GNATURE		urman				5/13/9	7		
	Srynutice typed ox pointed name of regelated as	pert and title if applicable. (NO)	E: Registered Ag	ent signature requ	uired when reinstating)	DATE	4		
-	OFFICERS AF	ND DIRECTORS	13,	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFF				
l .	P	☐ DELETE	1.1 TITLE			X	Change	Addit	
V:	KELLOCK, J.A.		1.2 NAME			ta			
REET ADDRESS				i adoress 🎍	50 Lakeriew Pkwy	Suite 181	1		
17 ST-200	VERNON HILLS IL		1.4 CITY-1	ST-ZIP					
ι f	ST	DELETE	2.1 TITLE			لــا	Change	Additi	
N:	KUCZAK, W.J.		2.2 NAME						
REET ADDF: SS	825 CORPORATE PARKWAY		2.3 STREET	T ADDRESS				4	
tv - \$1 - 700	VERNON HILLS IL		2. 4 CITY-	ST-ZIP					
LF	D	☐ DELETE	3.1 TITLE				Change	Additi	
Mi	ANDERSON, L.R.		32 NAME						
TIEET ADDRESS	2366 ROSE PLACE		3.3 STREET	ADDRESS					
TV - \$1 - Z1P	ST. PAUL MN		3.4. CiTY+	SY-ZIP					
1.F	D	☐ DELETE	4.1 TITLE	:			Change	Additi	
AMH.	BEADIE, W		4 2 NAME						
THEET ADORESS	2366 ROSE PLACE		4 3 STREE	T ADDRESS					
HY-51-74°	ST. PAUL MN		4.4 CiTY -	ST-ZIP					
lk#		☐ DELETE	51 TITLE		Treasurer		Change	Addition Addition	
AME			5.2 NAME		Quintin Rubald 2400 Rose Place				
INSELADORESS			5 3 STREE	T ADDRESS	2400 Rose Place				
IF St Zil			5.4 City-	ST-ZIP	St. Paul, my	0//5			
III E		DELETE	6.1 TITLE				Change	Additio	
,			6.2 NAME						
AME									
AME HEEF FADORESS			6.3 STREE	T ADORESS					

The needs comity that the information supplied with this timing closes not quality for the exemption stated in Section 119.07(3)(i), nordal statutes. 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 have officed or the convertion of the

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/97

(412) 636-4680