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**May 21 1997 8:00am
Secretary of State**

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: **825 CORPORATE WOODS PARKWAY VERNON HILLS IL 60061-3148**
Mailing Address: **825 CORPORATE WOODS PARKWAY VERNON HILLS IL 60061-3158**

3. Date Incorporated or Qualified: **12/17/1984**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **36-1913510**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

21. Principal Place of Business: **50 Lakeview Pkwy Suite 131 Vernon Hills, IL 60061**
22. Mailing Address: **50 Lakeview Pkwy Suite 131 Vernon Hills, IL 60061**

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**
10. Name and Address of New Registered Agent: **50 Lakeview Pkwy, Suite 131 Vernon Hills, IL 60061**

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: *Karrie Scheurman* DATE: **5/13/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: KELLOCK, J.A.	1.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 825 CORPORATE PARKWAY VERNON HILLS IL	CITY-ST-ZIP: VERNON HILLS IL	1.2 NAME:	
TITLE: ST	NAME: KUCZAK, W.J.	1.3 STREET ADDRESS: 50 Lakeview Pkwy, Suite 131	
STREET ADDRESS: 825 CORPORATE PARKWAY VERNON HILLS IL	CITY-ST-ZIP: VERNON HILLS IL	1.4 CITY-ST-ZIP:	
TITLE: D	NAME: ANDERSON, L.R.	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2366 ROSE PLACE ST. PAUL MN	CITY-ST-ZIP: ST. PAUL MN	2.2 NAME:	
TITLE: D	NAME: BEADIE, W.	2.3 STREET ADDRESS:	
STREET ADDRESS: 2366 ROSE PLACE ST. PAUL MN	CITY-ST-ZIP: ST. PAUL MN	2.4 CITY-ST-ZIP:	
TITLE:	NAME:	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME:	
TITLE:	NAME:	3.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE: Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME: Quintin Rubald	
TITLE:	NAME:	5.3 STREET ADDRESS: 2400 Rose Place	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP: St. Paul, MN 55113	
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	6.4 CITY-ST-ZIP:	

14. I do 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 or is included in an attachment with an address.

SIGNATURE: *Q Rubald* DATE: **5/13/97** TELEPHONE: **(612) 636-4680**

CR2E034 (9/96)