

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

**FILED**  
**Mar 10 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P04375 (2)**

1. Corporation Name  
**VFP FIRE SYSTEMS, INC.**



Principal Place of Business <b>50 LAKEVIEW PKWY                  STE. 131                  VERNON HILLS IL 60061                  US</b>	Mailing Address <b>50 LAKEVIEW PKWY                  STE. 131                  VERNON HILLS IL 60061                  US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/17/1984**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

4. FEI Number <b>36-1913510</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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

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 consisting)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KELLOCK, J.A.</b>	
STREET ADDRESS	<b>50 LAKEVIEW PKWY, STE. 131</b>	
CITY-ST-ZIP	<b>VERNON HILLS IL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>RUBALD, QUINTIN</b>	
STREET ADDRESS	<b>2400 ROSE PLACE</b>	
CITY-ST-ZIP	<b>ST. PAUL MN</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ANDERSON, L.R.</b>	
STREET ADDRESS	<b>2366 ROSE PLACE</b>	
CITY-ST-ZIP	<b>ST. PAUL MN</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BEADIE, W</b>	
STREET ADDRESS	<b>2366 ROSE PLACE</b>	
CITY-ST-ZIP	<b>ST. PAUL MN</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>1301 L'Orient St.</b>
2.4 CITY-ST-ZIP	<b>St. Paul, MN 55117</b>
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 checked="" type="checkbox"/> Addition
5.2 NAME	<b>P Ron Harris</b>
5.3 STREET ADDRESS	<b>1301 L'Orient St.</b>
5.4 CITY-ST-ZIP	<b>St. Paul, MN 55117</b>
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; that I am 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

SIGNATURE: Quintin Rubald 3/2/98 612-558-3215

CR2E034 (10/97)