

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90020 038 ***550.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P04375**

1. Corporation Name
VFP FIRE SYSTEMS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**50 LAKEVIEW PKWY
 STE. 131
 VERNON HILLS IL 60061
 US**

Mailing Address
**50 LAKEVIEW PKWY
 STE. 131
 VERNON HILLS IL 60061
 US**

3. Date Incorporated or Qualified
12/17/1984

2. Principal Place of Business
21 1301 L'Orient Street

2a. Mailing Address
26 1301 L'Orient Street

4. FEI Number
36-1913510

Applied For
 Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State
23 St Paul, MN

City & State
28 St. Paul, MN

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

Zip
24 55117

Country
25 USA

Zip
29 55117

Country
30 USA

8. This corporation owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HARRIS, RON		1.2 NAME Ryan Johnston	
STREET ADDRESS 1301 L'ORIENT ST		1.3 STREET ADDRESS 1301 L'Orient Street	
CITY-ST-ZIP ST. PAUL MN 55117		1.4 CITY-ST-ZIP St. Paul, MN 55117	
TITLE T	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RUBALD, QUINTIN		2.2 NAME Bryan Kuha	
STREET ADDRESS 1301-L'ORIENT ST		2.3 STREET ADDRESS 1301 L'Orient Street	
CITY-ST-ZIP ST. PAUL MN 55117		2.4 CITY-ST-ZIP St Paul, MN 55117	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANDERSON, L.R.		3.2 NAME	
STREET ADDRESS 2366 ROSE PLACE		3.3 STREET ADDRESS St Paul, MN 55113	
CITY-ST-ZIP ST. PAUL MN		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BEADIE, W		4.2 NAME William Beadie	
STREET ADDRESS 2366 ROSE PLACE		4.3 STREET ADDRESS St. Paul, MN 55113	
CITY-ST-ZIP ST. PAUL MN		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Ryan Johnston* **SIGNATURE REQUIRED** *Bryan Kuha* **8/2/99** **651.558.3216**

CR2E034 (5/99)