

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

05 MAY - 1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Montagem
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P17741 (0)

1. Corporation Name
ADEMCO DISTRIBUTION, INC.

Principal Place of Business Mailing Address

**180 MICHAEL DRIVE
200 SOUTH WACKER DRIVE, SUITE 700
SYOSSET NY 11791
US**

**200 S. WACKER DRIVE
SUITE 700
CHICAGO IL 60606-5802
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc 26 Suite, Apt. #, etc

22 City & State 27 City & State

23 County 28 County

24 25 29 30

3. Date Incorporated or Qualified **01/22/1988** 3a. Date of Last Report **05/01/1994**

4. FEI Number **36-3549597** Applied For Not Applicable

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

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

6. This corporation has liability for enterprise tax under § 199.032, Florida Statutes Yes 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 **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 _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROTH, STEVEN I.
STREET ADDRESS	180 MICHAEL DR.
CITY ST ZIP	SYOSSET NY
TITLE	EVP
NAME	BOZZA, JOHN
STREET ADDRESS	180 MICHAEL DR.
CITY ST ZIP	SYOSSET NY
TITLE	VPTS
NAME	CANNATA, MICHAEL
STREET ADDRESS	180 MICHAEL DR.
CITY ST ZIP	SYOSSET NY
TITLE	D
NAME	GUTHART, LEO A.
STREET ADDRESS	180 MICHAEL DR.
CITY ST ZIP	SYOSSET NY
TITLE	VST
NAME	GAUVREAU, PAUL R.
STREET ADDRESS	200 S WACKER DRIVE, #700
CITY ST ZIP	CHICAGO IL
TITLE	VP
NAME	OWEN, FRANK
STREET ADDRESS	180 MICHAEL DRIVE
CITY ST ZIP	SYOSSET NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 130.07(3)(b), 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 changes in an attachment with addresses.

SIGNATURE: *W. A. Zermuehlen*

SIGNATURE AND TYPED OR PRINTED NAME OF HOLDING OFFICER OR DIRECTOR
W. A. ZERMUEHLEN, ASSISTANT SECRETARY

312-831-1070