

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morlham  
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

3. Date Incorporated or Qualified  
01/22/1988

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  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

Signature typed or printed below of registered agent and the filing officer

(Print) Registered Agent signature required for new filings

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROTH, STEVEN I.	
STREET ADDRESS	180 MICHAEL DR.	
CITY-ST-ZIP	SYOSSET NY	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	BOZZA, JOHN	
STREET ADDRESS	180 MICHAEL DR.	
CITY-ST-ZIP	SYOSSET NY	
TITLE	VPTS	<input type="checkbox"/> DELETE
NAME	CANNATA, MICHAEL	
STREET ADDRESS	180 MICHAEL DR.	
CITY-ST-ZIP	SYOSSET NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUTHART, LEO A.	
STREET ADDRESS	180 MICHAEL DR.	
CITY-ST-ZIP	SYOSSET NY	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	GAUVREAU, PAUL R.	
STREET ADDRESS	200 S WACKER DRIVE, #700	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	OWEN, FRANK	
STREET ADDRESS	180 MICHAEL DRIVE	
CITY-ST-ZIP	SYOSSET NY	

1.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WM. ZERMUEHLER	
1.3 STREET ADDRESS	200 S. WACKER DR # 700	
1.4 CITY-ST-ZIP	CHICAGO, IL 60606	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*W. Zermuehler* ASST. Secy.

4/28/96

312-831-1070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

CR2E034 (12/95)

2-2

200 South Wacker Drive, Suite 700  
Chicago, IL 60606

APR 30 1996

Date \_\_\_\_\_

Mailed to: **Florida Department of State  
Division of Corporations  
Annual Reports Section  
P.O. Box 1500  
Tallahassee, FL 32302-1500**

Sir/Madam:

The enclosed Return or Report is filed on behalf of:

**Ademco Distribution, Inc.**

Type of Return: **1996 Corporation Annual Report**

Form Number:

Taxable Period: **as of 1/1/96**

Payment Enclosed: **\$200.00**

Other Comments:

If you have any questions about the enclosed, please call me at (312) 831-1070.

Sincerely,



Karen K. Schneider  
Tax Representative

Enclosures