

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

FILED
May 15 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 # P17741 (0)
 1. Corporation Name
ADEMCO DISTRIBUTION, INC.



Principal Place of Business Mailing Address
180 MICHAEL DRIVE **200 S. WACKER DRIVE**
200 SOUTH WACKER DRIVE, SUITE 700 **SUITE 700**
SYOSSET NY 11781 **CHICAGO IL 60608-5802**
US **US**

3. Date Incorporated or Qualified **01/22/1988** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **36-3549597** Applied For Not Applicable
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 24 25 Country 29 30 Country 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 81 Name
1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable)
PLANTATION FL 33324 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROTH, STEVEN I. | 1.2 NAME | |
| STREET ADDRESS | 180 MICHAEL DR. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SYOSSET NY | 1.4 CITY-ST-ZIP | |
| TITLE | AS <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZERMUEHLEN, WILLIAM | 2.2 NAME | |
| STREET ADDRESS | 200 S. WACKER DRIVE #700 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHICAGO IL | 2.4 CITY-ST-ZIP | |
| TITLE | VPTS <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CANNATA, MICHAEL | 3.2 NAME | |
| STREET ADDRESS | 180 MICHAEL DR. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SYOSSET NY | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GUTHART, LEO A. | 4.2 NAME | |
| STREET ADDRESS | 180 MICHAEL DR. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | SYOSSET NY | 4.4 CITY-ST-ZIP | |
| TITLE | VST <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GAUVREAU, PAUL R. | 5.2 NAME | |
| STREET ADDRESS | 200 S WACKER DRIVE, #700 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHICAGO IL | 5.4 CITY-ST-ZIP | |
| TITLE | VP <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OWEN, FRANK | 6.2 NAME | |
| STREET ADDRESS | 180 MICHAEL DRIVE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | SYOSSET NY | 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 if changed or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham* 4/22/97 312 831 1070
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)