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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90014 034 ***150.00



PROFIT CORPORATION
 ANNUAL REPORT
1999

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

DOCUMENT # P17741

1. Corporation Name
ADEMCO DISTRIBUTION, INC.

Principal Place of Business 180 MICHAEL DRIVE 200 SOUTH WACKER DRIVE, SUITE 700 SYOSSET NY 11791 US	Mailing Address 200 S. WACKER DRIVE SUITE 700 CHICAGO IL 60606-5802 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/22/1988	4. FEI Number 36-3549597	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 263 OLD COUNTRY RD Suite, Apt. #, etc. 22 P.O. Box 1169 City & State 23 MELVILLE, NY Zip Country 24 11747 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROTH, STEVEN I.	
STREET ADDRESS	180 MICHAEL DR.	
CITY-ST-ZIP	SYOSSET NY	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ZERMUEHLEN, WILLIAM	
STREET ADDRESS	200 S. WACKER DRIVE #700	
CITY-ST-ZIP	CHICAGO IL	
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	

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 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 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, with all other like empowered.

SIGNATURE: _____ DATE: _____ DAYTIME PHONE #: **312-831-1070**

CR2E034 (11/98)