

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90027 028 ***150.00

DOCUMENT # P17741

1. Entity Name

ADEMCO DISTRIBUTION, INC.

Principal Place of Business

Mailing Address

263 OLD COUNTRY RD
 PO BOX 1169
 MELVILLE NY 11747
 US

200 S. WACKER DRIVE
 SUITE 700
 CHICAGO IL 60606-5810
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-3549597

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 checked="" type="checkbox"/> Delete
NAME	OWEN, FRANK	
STREET ADDRESS	180 MICHAEL DRIVE	
CITY-ST-ZIP	SYOSSET NY	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Zermuehlen
 Wm. Zermuehlen

Date

4/7/00

Daytime Phone #

312.831.1070

CR2E034 19/99