

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001076

Entity Name: SECURITY LOCK DISTRIBUTORS SOUTH, INC.**Current Principal Place of Business:**25 DARTMOUTH ST.
WESTWOOD, MA 02090**Current Mailing Address:**25 DARTMOUTH ST.
WESTWOOD, MA 02090 US**FEI Number:** 04-3265915**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DPT
Name	SCHWARTZ, SIDNEY
Address	25 DARTMOUTH ST., P.O BOX 95
City-State-Zip:	WESTWOOD MA 02090

Title	D
Name	SCHWARTZ, JEFFREY
Address	25 DARTMOUTH ST., P.O BOX 95
City-State-Zip:	WESTWOOD MA 02090

Title	D
Name	SCHWARTZ, DAVID
Address	25 DARTMOUTH ST., P.O BOX 95
City-State-Zip:	WESTWOOD MA 02090

Title	D
Name	SCHWARTZ, MARC
Address	25 DARTMOUTH ST., P.O BOX 95
City-State-Zip:	WESTWOOD MA 02090

Title	D
Name	SCHWARTZ, HOWARD E
Address	25 DARTMOUTH ST., P.O BOX 95
City-State-Zip:	WESTWOOD MA 02090

Title	S
Name	DAVIS, MICHAEL M
Address	25 DARTMOUTH ST., P.O BOX 95
City-State-Zip:	WESTWOOD MA 02090

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID SCHWARTZ**OFFICER****02/01/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date