

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

FILED

May 02 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 # 822536

(9)

1. Corporation Name

FEDERAL SIGNAL CORPORATION

Principal Place of Business

1415 W 22ND STREET  
ROOM 1100  
OAK BROOK ILL 60521

Mailing Address

1415 W 22ND STREET  
ROOM 1100  
OAK BROOK ILL 60521-2004



3. Date Incorporated or Qualified

03/20/1969

3a. Date of Last Report

04/23/1996

4. FEI Number

36-1063330

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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 name of registered agent and to be applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETE  
NAME DYKEMA, HENRY  
STREET ADDRESS 806 BURR RIDGE CLUB DRIVE  
CITY - ST - ZIP BURR RIDGE IL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE VT ☐ DELETE  
NAME RACIC, ROBERT W.  
STREET ADDRESS 10430 S. 89TH ST.  
CITY - ST - ZIP PALOS HILLS IL 60485

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE VP ☐ DELETE  
NAME DELEONARDIS, JOHN A.  
STREET ADDRESS 1645 SEQUOIA TRAIL  
CITY - ST - ZIP GLENVIEW IL 60025

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE VS ☐ DELETE  
NAME WEHRENBURG, KIM A.  
STREET ADDRESS 538 BRAEMAR  
CITY - ST - ZIP NAPERVILLE IL 60563

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE PD ☐ DELETE  
NAME ROSS, JOSEPH J  
STREET ADDRESS 415 E GARTNER  
CITY - ST - ZIP NAPERVILLE, IL 00000 60540

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE V ☐ DELETE  
NAME RITZ, RICHARD L  
STREET ADDRESS 3 FIELDSTONE ROAD  
CITY - ST - ZIP ROLLING MEADOWS IL 60008

6.1 TITLE ☐ Change ☐ 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 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:

*John DeLeonardis*

RECEIVED

John DeLeonardis

4/26/97

630-954-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)