

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90292 013 ***150.00

DOCUMENT # 822536

1. Entity Name

FEDERAL SIGNAL CORPORATION

Principal Place of Business

1415 W 22ND STREET
 ROOM 1100
 OAK BROOK IL 60523

Mailing Address

1415 W 22ND STREET
 ROOM 1100
 OAK BROOK IL 60523

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-1063330**

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

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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, 2001 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 **V** ☐ Delete
 NAME **DYKEMA, HENRY**
 STREET ADDRESS **806 BURR RIDGE CLUB DRIVE**
 CITY-ST-ZIP **BURR RIDGE IL 60523**

TITLE **P** ☐ Change ☒ Addition
 NAME **ANDREW GRAVES**
 STREET ADDRESS **260 RAISING FOREST DR**
 CITY-ST-ZIP **LAKE BLUFF, IL**

TITLE **VT** ☐ Delete
 NAME **RACIC, ROBERT W.**
 STREET ADDRESS **10430 S. 89TH ST.**
 CITY-ST-ZIP **PALOS HILLS IL 60465**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **ROSS, JOSEPH J**
 STREET ADDRESS **415 E GARTNER**
 CITY-ST-ZIP **NAPERVILLE FL 60540**

TITLE **CHAIRMAN DIRECTOR** ☒ Change ☐ Addition
 NAME **ROSS, JOSEPH J**
 STREET ADDRESS **415 E GARTNER**
 CITY-ST-ZIP **NAPERVILLE, IL 60540**

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

TITLE ☐ Change ☐ 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:

Kim A. Wehrenburg
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KIM A. WEHRENBURG

4/20/01

Date

(630) 954-2000

Daytime Phone #

CR2E034 (10/00)