2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#822536

Entity Name: FEDERAL SIGNAL CORPORATION

FILED Feb 21, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1415 W 22ND STREET **ROOM 1100** OAK BROOK, IL 60523 **Current Mailing Address: New Mailing Address:** 1415 W 22ND STREET **ROOM 1100** OAK BROOK, IL 60523 FEI Number: 36-1063330 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition LATHAM, KAREN Name: Name: JANEK, DAVID 320 SPRING AVE 926 WILLIAM ST Address: Address: City-St-Zip: RIVER FOREST, IL 60305 City-St-Zip: NAPERVILLE, IL 60540 Title: VΡ Title: () Delete () Change () Addition Name: DELEONARDIS, JOHN A., Name: 1645 SEQUOIA TRAIL Address: Address: GLENVIEW, IL 60025 City-St-Zip: City-St-Zip: () Delete Title: Title: VS () Change () Addition SHERMAN, JENNIFER Name: Name: 305 S GARFIELD Address: Address: City-St-Zip: HINSDALE, IL 60523 City-St-Zip: Title: PD () Delete Title: () Change () Addition WELDING, ROBERT Name: Name: Address: 8662 JOHNSTON Address: City-St-Zip: BURR RIDGE, IL 60527 City-St-Zip: Title: Title: () Delete () Change () Addition BROWN, PAUL Name: Name: 150 ALDERWOOD LANE Address: Address: City-St-Zip: AURORA, IL 60504 City-St-Zip: Title: () Delete Title: () Change () Addition KUSHNER, STEPHANIE Name: Name: 124 E SIXTH ST Address: Address: City-St-Zip: City-St-Zip: HINSDALE, IL 60523

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN DELEONARDIS VP 02/21/2007