

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90066 014 ***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

Zip

Country

Zip

Country

4. FEI Number **36-1063330**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **GRAVES, ANDREW**
STREET ADDRESS **260 RAVINE FOREST DRIVE**
CITY-ST-ZIP **LAKE BLUFF IL**

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

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

TITLE **VT** ☐ Change ☐ Addition
NAME **KAREN LATHAM**
STREET ADDRESS **926 WILLIAM ST.**
CITY-ST-ZIP **RIVER FOREST, IL 60305**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/03/03 (630) 954-2000

Date

Daytime Phone #

CR2E034 (10/02)