

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

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Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90124 036 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 831523

1. Corporation Name
TOMKINS INDUSTRIES, INC.

Principal Place of Business 4801 SPRINGFIELD STREET DAYTON OH 45431-1084	Mailing Address 4801 SPRINGFIELD STREET DAYTON OH 45431-1084
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip Country 24 25	Zip Country 29 30

3. Date Incorporated or Qualified 12/19/1973	Applied For Not Applicable
4. FEI Number 31-0596713	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	CP	<input type="checkbox"/> DELETE
NAME	READING, ANTHONY	
STREET ADDRESS	4801 SPRINGFIELD ST.	
CITY-ST-ZIP	DAYTON OH	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	DISSER DANIEL J.	
STREET ADDRESS	4801 SPRINGFIELD ST	
CITY-ST-ZIP	DAYTON OH	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SAMARASINGHE, SAM	
STREET ADDRESS	4801 SPRINGFIELD ST	
CITY-ST-ZIP	DAYTON OH	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SULLIVAN, KATHLEEN A.	
STREET ADDRESS	4801 SPRINGFIELD ST	
CITY-ST-ZIP	DAYTON OH	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	PHILLIPS, JANET E	
STREET ADDRESS	4801 SPRINGFIELD ST	
CITY-ST-ZIP	DAYTON OH 45401	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PAPPAYLION, GEORGE SQ	
STREET ADDRESS	4801 SPRINGFIELD ST	
CITY-ST-ZIP	DAYTON OH 45401	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KATHLEEN A. SULLIVAN	
4.3 STREET ADDRESS	4801 SPRINGFIELD ST	
4.4 CITY-ST-ZIP	DAYTON OH 45431	
5.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ELIZABETH A. ENSING	
5.3 STREET ADDRESS	4801 SPRINGFIELD ST	
5.4 CITY-ST-ZIP	DAYTON OH 45431	
6.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PAPPAYLION, GEORGE SQ	
6.3 STREET ADDRESS	4801 SPRINGFIELD ST	
6.4 CITY-ST-ZIP	DAYTON OH 45431	

14. 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 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, with all other like empowered.

SIGNATURE: Elizabeth A. Ensing SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 4/14/99
 Daytime Phone #: (937) 476-0223

CR2E034 (1/98)