


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

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90072 050 \*\*\*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 # 837784

1. Corporation Name

CONSOLIDATED ELECTRICAL DISTRIBUTORS, INC.



Principal Place of Business 31356 VIA COLINAS WESTLAKE VILLAGE CA 91362	Mailing Address 31356 VIA COLINAS WESTLAKE VILLAGE CA 91362
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 02/01/1977	
21		26		4. FEI Number 95-2563864	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	Zip
24		25		29	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. 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

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

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLBURN, KEITH W.	1.2 NAME	THOMAS A. LULLO
STREET ADDRESS	555 SKOKIE BLVD, STE 555	1.3 STREET ADDRESS	31356 VIA COLINAS
CITY-ST-ZIP	NORTHBROOK IL	1.4 CITY-ST-ZIP	WESTLAKE VILLAGE, CA 91362
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	H DEAN BURSCH	2.2 NAME	DAVID C. VERBECK
STREET ADDRESS	31356 VIA COLINAS	2.3 STREET ADDRESS	31356 VIA COLINAS
CITY-ST-ZIP	WESTLAKE VILLAGE CA 91362	2.4 CITY-ST-ZIP	WESTLAKE VILLAGE, CA 91362
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLBURN, RICHARD W.	3.2 NAME	JOHN D. PARISH
STREET ADDRESS	555 SKOKIE BLVD, STE 555	3.3 STREET ADDRESS	31356 VIA COLINAS
CITY-ST-ZIP	NORTHBROOK IL	3.4 CITY-ST-ZIP	WESTLAKE VILLAGE, CA 91362
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGEL, CAROL COLBURN	4.2 NAME	
STREET ADDRESS	555 SKOKIE BLVD, STE 555	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL	4.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONIS, ANTONIO JR.	5.2 NAME	MONIS, ANTONIO JR.
STREET ADDRESS	31356 VIA COLINAS	5.3 STREET ADDRESS	
CITY-ST-ZIP	WESTLAKE VILLAGE CA	5.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, STANLEY S.	6.2 NAME	
STREET ADDRESS	31356 VIA COLINAS	6.3 STREET ADDRESS	
CITY-ST-ZIP	WESTLAKE VILLAGE CA	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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 307, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID C. VERBECK  
SECRETARY

4/16/99

Date

(813) 991-9000

anytime Phone #

CR2E034 (11/98)