FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **839948** **(7)**

1. Corporation Name
SONITROL CORPORATION

Principal Place of Business	Mailing Address
PO BOX 1945 CULVER CITY CA 90232-1945 US	8550 HIGUERA STR CULVER CITY CA 90232 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/02/1978**
3a. Date of Last Report: **04/07/1994**

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

4. FEI Number: **35-1051688** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE	D	☑ Change ☐ Addition
NAME	ADAMEK, ALIDA	12 NAME	ALIDA ADAMEK	
STREET ADDRESS	8550 HIGUERA ST	13 STREET ADDRESS	8550 HIGUERA	
CITY-ST-ZIP	CULVER CITY CA	14 CITY-ST-ZIP	CULVER CITY, CA 90232 N/A	
TITLE	DC	21 TITLE		☑ Change ☐ Addition
NAME	BUFFETT, THOMAS V	22 NAME	DELETE	
STREET ADDRESS	595 ISLES RD STE 200	23 STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY FL	24 CITY-ST-ZIP		
TITLE	DPS	31 TITLE		☑ Change ☐ Addition
NAME	WHITE, WILLIAM F	32 NAME	DELETE	
STREET ADDRESS	595 ISLES RD STE 200	33 STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY FL	34 CITY-ST-ZIP		
TITLE		41 TITLE	P/D	☐ Change ☑ Addition
NAME		42 NAME	CHRIS COBB	
STREET ADDRESS		43 STREET ADDRESS	1800 DIAGONAL RD. #180	
CITY-ST-ZIP		44 CITY-ST-ZIP	ALEXANDRIA, VA 22314 N/A	
TITLE		51 TITLE	V/D	☐ Change ☑ Addition
NAME		52 NAME	PETER BERTRAM	
STREET ADDRESS	T.S. 6/26/95	53 STREET ADDRESS	8550 HIGUERA	
CITY-ST-ZIP		54 CITY-ST-ZIP	CULVER CITY, CA 90232 N/A	
TITLE		61 TITLE	D	☐ Change ☑ Addition
NAME		62 NAME	ARDY AZHIR	
STREET ADDRESS		63 STREET ADDRESS	8550 HIGUERA	
CITY-ST-ZIP	$ Deposited by Bank	64 CITY-ST-ZIP	CULVER CITY, CA 90232 N/A	

RETURNED BY MAY 2

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemption provided 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.

SIGNATURE: Alida Adamek — 4-25-95 — (310) 840-2082
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ALIDA ADAMEK

0482643 FP