

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90733 011 ***550.00

DOCUMENT # 840698

1. Entity Name

INVENSYS BUILDING SYSTEMS INC.

Principal Place of Business

**1354 CLIFFORD AVE
 PO BOX 2940
 LOVES PARK IL 61132-2940**

Mailing Address

**1354 CLIFFORD AVE
 PO BOX 2940
 LOVES PARK IL 61132-2940**

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

36-0772170

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FEILING WILL BE \$150.00
 After May 2002 Fee will be \$550.00
 Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CANDLER, CHRIS	
STREET ADDRESS	1354 CLIFFORD AVE	
CITY-ST-ZIP	LOVES PARK IL 61111	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	DOLAN, TIMOTHY J	
STREET ADDRESS	2809 EMERYWOOD PKWY	
CITY-ST-ZIP	RICHMOND VA 23294	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	SCHULER, P G	
STREET ADDRESS	1354 CLIFFORD AVE	
CITY-ST-ZIP	LOVES PARK IL 61111	
TITLE	D	<input type="checkbox"/> Delete
NAME	POWELL, ROD	
STREET ADDRESS	2809 EMERYWOOD PKWY	
CITY-ST-ZIP	RICHMOND VA 23294-3743	
TITLE	ASC	<input type="checkbox"/> Delete
NAME	QUICK, JERRY	
STREET ADDRESS	1354 CLIFFORD AVE	
CITY-ST-ZIP	LOVES PARK IL 61111	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SCHULTZ, BRENT	
STREET ADDRESS	1354 CLIFFORD AVE	
CITY-ST-ZIP	LOVES PARK IL 61111	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Enrique Santarana	
STREET ADDRESS	8409 Six Forks Road	
CITY-ST-ZIP	Raleigh, NC 27615	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Paul Schuler

5-20-02

815-637-3550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)