

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90124 042 \*\*\*150.00

**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

☐ CHECK HERE IF MAKING CHANGES

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. 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	<b>SANTECERIA, ENRIQUE</b>	
STREET ADDRESS	<b>8609 SIX FORKS ROAD</b>	
CITY-ST-ZIP	<b>RALEIGH NC 27615</b>	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	<b>DOLAN, TIMOTHY J</b>	
STREET ADDRESS	<b>2809 EMERYWOOD PKWY</b>	
CITY-ST-ZIP	<b>RICHMOND VA 23294</b>	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	<b>SCHULER, P.G</b>	
STREET ADDRESS	<b>1354 CLIFFORD AVE</b>	
CITY-ST-ZIP	<b>LOVES PARK IL 61111</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>POWELL, ROD</b>	
STREET ADDRESS	<b>2809 EMERYWOOD PKWY</b>	
CITY-ST-ZIP	<b>RICHMOND VA 23294-3743</b>	
TITLE	ASC	<input type="checkbox"/> Delete
NAME	<b>QUICK, JERRY</b>	
STREET ADDRESS	<b>1354 CLIFFORD AVE</b>	
CITY-ST-ZIP	<b>LOVES PARK IL 61111</b>	
TITLE	AS	<input type="checkbox"/> Delete
NAME	<b>SCHULTZ, BRENT</b>	
STREET ADDRESS	<b>1354 CLIFFORD AVE</b>	
CITY-ST-ZIP	<b>LOVES PARK IL 61111</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jerry Quick</b>	
STREET ADDRESS	<b>8609 Six Forks Road</b>	
CITY-ST-ZIP	<b>Raleigh, NC 27615</b>	
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		

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

**7/13/03**  
Date

Daytime Phone #

CR2E034 (10/02)