

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

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90166 038 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 841751**

1. Corporation Name  
**CENTRAL SPRINKLER COMPANY**



Principal Place of Business Mailing Address  
 451 N. CANNON AVE. 451 N. CANNON AVE.  
 LANSDALE PA 19446 LANSDALE PA 19446

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/31/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		23-1940157	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired	
24 25		29 30		<input type="checkbox"/> \$8.75 Additional Fee Required <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				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/T <input type="checkbox"/> DELETE	1.1 TITLE	Chief Executive Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEYER, GEORGE G.	1.2 NAME	Tal Bredbell
STREET ADDRESS	451 N CANNON AVE	1.3 STREET ADDRESS	451 N. Cannon Ave
CITY-ST-ZIP	LANDALE PA	1.4 CITY-ST-ZIP	Lansdale Pa 19446
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	Chief Financial Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CEMINI, JENNIFER	2.2 NAME	Matt Cantore
STREET ADDRESS	451 N. CANNON AVENUE	2.3 STREET ADDRESS	451 N. Cannon Ave
CITY-ST-ZIP	LANSDALE, PA 00000	2.4 CITY-ST-ZIP	Lansdale, PA 19446
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARDUE, WILLIAM J	3.2 NAME	
STREET ADDRESS	451 N. CANNON AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LANSDALE, PA 00000	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABOL, ALBERT T.	4.2 NAME	
STREET ADDRESS	451 N. CANNON AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LANSDALE, PA 00000	4.4 CITY-ST-ZIP	
TITLE	Exec. Vice Pres <input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Addition	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen Meyer	5.2 NAME	
STREET ADDRESS	451 N Cannon Ave	5.3 STREET ADDRESS	
CITY-ST-ZIP	LANSDALE Pa 19446	5.4 CITY-ST-ZIP	
TITLE	Service Pres - Prod/Eng. <input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Addition	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Golinveaux	6.2 NAME	
STREET ADDRESS	451 N Cannon Ave	6.3 STREET ADDRESS	
CITY-ST-ZIP	Lansdale Pa 19446	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(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: Albert T. Sabol 4/28/99 (215) 362-0700  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 ALBERT T. SABOL Vice President - Finance

CR2E034 (11/98)