

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841751

FILED  
Apr 15, 2005  
Secretary of State

Entity Name: CENTRAL SPRINKLER COMPANY

**Current Principal Place of Business:**

451 N. CANNON AVE.  
LANSDALE, PA 19446

**New Principal Place of Business:**

451 N. CANNON STREET  
LANSDALE, PA 19446

**Current Mailing Address:**

PO BOX 8749  
PRINCETON, NJ 08543

**New Mailing Address:**

FEI Number: 23-1940157      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MEAD, ROBERT P  
Address: 451 N. CANNON STREET  
City-St-Zip: LANSDALE, PA 19446

Title: S ( ) Delete  
Name: STAFFORD, RYAN K  
Address: 451 N. CANNON STREET  
City-St-Zip: LANSDALE, PA 19446

Title: T ( ) Delete  
Name: HUND-MEJEAN, MARTINA  
Address: 451 N. CANNON STREET  
City-St-Zip: LANSDALE, PA 19446

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MEAD, ROBERT P  
Address: 451 N. CANNON STREET  
City-St-Zip: LANSDALE, PA 19446

Title: S (X) Change ( ) Addition  
Name: STAFFORD, RYAN K  
Address: 451 N. CANNON STREET  
City-St-Zip: LANSDALE, PA 19446

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: CHIA, DOUGLAS K  
Address: 451 N. CANNON STREET  
City-St-Zip: LANSDALE, PA 19446

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT MEAD

P

04/15/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date