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 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 852602 (2)

1. Corporation Name
ARMOR KONE ELEVATOR, INC.

Principal Place of Business	Mailing Address
12540 WESTPORT RD. LOUISVILLE KY 40245-8345	12540 WESTPORT RD. LOUISVILLE KY 40245-8345

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/16/1982
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 61-1000097 ☐ 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 _____ (NOTE: Registered Agent signature required when name changes) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE		☐ Change ☐ Addition
NAME	MCCABE, DENNIS L	12 NAME		
STREET ADDRESS	14508 DEERCROSS PLACE	13 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE, KY 00000	14 CITY-ST-ZIP		
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	HOFMEISTER, PETER W.	22 NAME		
STREET ADDRESS	31 DIANN DRIVE	23 STREET ADDRESS		
CITY-ST-ZIP	MONTVALE NJ	24 CITY-ST-ZIP		
TITLE	VC	31 TITLE		☐ Change ☐ Addition
NAME	HORELLI, JOHAN	32 NAME		
STREET ADDRESS	12540 WESTPORT RD	33 STREET ADDRESS		
CITY-ST-ZIP	SF00331 HELSINKI	34 CITY-ST-ZIP		
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	BRAST, CALVIN	42 NAME		
STREET ADDRESS	12540 WESTPORT RD	43 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY	44 CITY-ST-ZIP		
TITLE	PM	51 TITLE	See attached	☒ Change ☐ Addition
NAME	POUTANEN, HEIKKI	52 NAME		
STREET ADDRESS	10710 U.S. HWY 42	53 STREET ADDRESS		
CITY-ST-ZIP	PROSPECT KY	54 CITY-ST-ZIP		
TITLE	VTS	61 TITLE		☐ Change ☐ Addition
NAME	ALEXANDER, JOHN R.	62 NAME		
STREET ADDRESS	8904 SWEET DAY PLACE	63 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Timothy J. McDonald, Asst Treas 4/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0470289 FP

852602

Armor KONE

Officers

		Social Security Number
Anssi Soila	Chairman of the Board	N/A
Heimo Makinen	President, CEO	N/A
John R. Alexander	Vice President Chief Financial Officer Secretary/Treasurer	400-76-6060
Calvin Brast	Vice President	464-46-0774
Robert G. Duncan	Vice President	230-50-2503
Dennis L. McCabe	Vice President	163-34-6347
Timothy McDonald	Assistant Treasurer Assistant Secretary	403-56-5542

Business Address For All: 12540 Westport Road
Louisville, Kentucky 40245