

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90184 039 ***150.00

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1. Entity Name
NILES AUDIO CORPORATION



Principal Place of Business

**C/O NORTEK, INC.
50 KENNEDY PLAZA
PROVIDENCE, RI 02903**

Mailing Address

**C/O NORTEK, INC.
50 KENNEDY PLAZA
PROVIDENCE, RI 02903**

60037162



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number

20-2742001

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00

9. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution. ☐

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCD
BREADY, RICHARD L
50 KENNEDY PLAZA
PROVIDENCE, RI 02903**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
DONNELLY, KEVIN W
50 KENNEDY PLAZA
PROVIDENCE, RI 02903**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
COONEY, EDWARD J
50 KENNEDY PLAZA
PROVIDENCE, RI 02903**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Kevin W. Donnelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06

Date

(401) 751-1600

Daytime Phone #