

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000000361 (5)

1. Corporation Name

JOHNSON CONTROLS NETWORK INTEGRATION SERVICES, I
NC.

Principal Place of Business

600 NORTH BELL AVE.
CARNEGIE PA 15106

Mailing Address

600 NORTH BELL AVE.
CARNEGIE PA 15106

FILED

95 JUL 14 AM 11:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/25/1994

3a. Date of Last Report

2. Principal Place of Business

21 101 Ewing Road

2a. Mailing Address

26 P.O. Box 591

4. FEI Number

36-3059579

Applied For

Not Applicable

State, Apt. #, etc.

State, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Carnegie, PA

City & State

27 Attn: Tax Dept. X81

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Zip

Country

24 15106

25 USA

Zip

Country

29 53201

30 USA

6. 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 SOUTH 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

Signature, typed or printed Name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PAS	HIERONIMUS, EE III	600 N. BELL AVE.	CARNEGIE PA 15106
V	WEAVER, T	507 E. MICHIGAN ST.	MILWAUKEE WI 53201
DS	KENNEDY, JP	5757 N. GREEN BAY AVE.	MILWAUKEE WI
DVT	ROELL, SA	5757 N. GREEN BAY AVE.	MILWAUKEE WI
VAS	OKARMA, JD	5757 N. GREEN BAY AVE.	MILWAUKEE WI
D	KEYES, JH	5757 N. GREEN BAY AVE.	MILWAUKEE WI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	☐	☐
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	☐	☐
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	☐	☐
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	☐	☐
61 TITLE	62 NAME	63 STREET ADDRESS	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 199.07(3)(g), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

414-228-2832

System Phone #

CR2E034 (3/95)