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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F94000000361

1. Corporation Name

~~JOHNSON CONTROLS NETWORK INTEGRATION SERVICES, INC.~~
~~NC~~ VISTA NETWORK INTEGRATION SERVICES, INC

Principal Place of Business

101 EWING RD
CARNEGIE PA 15106
US

Mailing Address

P O BOX 591
ATTN: TAX DEPT X81
MILWAUKEE WI 53201
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/25/1994

4. FEI Number

36-3059579

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

25

2a. Mailing Address

26 2195 Fox Mill Rd. #200

Suite, Apt. #, etc.

27 City & State

28 Herndon, Va

29 Zip Country

30 20171

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	JACOBS, BRUCE T.	2001 WESTSIDE DR., SUITE 130	ALPHARETTE GA	<input checked="" type="checkbox"/>
AS	HILLER, MARVIN S.	507 E. MICHIGAN ST.	MILWAUKEE WI	<input checked="" type="checkbox"/>
DS	KENNEDY, JP	5757 N. GREEN BAY AVE.	MILWAUKEE WI	<input checked="" type="checkbox"/>
DVT	ROELL, SA	5757 N. GREEN BAY AVE.	MILWAUKEE WI	<input checked="" type="checkbox"/>
VAS	OKARMA, JD	5757 N. GREEN BAY AVE.	MILWAUKEE WI	<input checked="" type="checkbox"/>
D	KEYES, JH	5757 N. GREEN BAY AVE.	MILWAUKEE WI	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PRESIDENT	JAMES DUGGAN	2195 Fox Mill Rd. #200	HERNDON, VA 20171	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECRETARY	K. DUNLOP SCOTT	2195 Fox Mill Rd. #200	HERNDON, VA 20171	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TREASURER	K. DUNLOP SCOTT	2195 Fox Mill Rd. #200	HERNDON, VA 20171	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	BRUCE RAUNER	2195 Fox Mill Rd. #200	HERNDON, VA 20171	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	JAMES DUGGAN	2195 Fox Mill Rd. #200	HERNDON, VA 20171	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: DAVID LUNDSTEN, VICE PRESIDENT

703-561-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)