

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F94000005175

1. Entity Name
KIDDE FIRE TRAINERS, INC.



Principal Place of Business
17 PHILIPS PARKWAY
MONTVALE, NJ 07645

Mailing Address
9 FARM SPINGS ROAD
FARMINGTON, CT 06032 US

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB 20 PM 2:50



01262007 No Chg-P CR2E034 (11/05)

4. FEI Number
22-2894089

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees 200089283822
02/27/07--01004--003 **150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
LEON, A. RUDY JR.
17 PHILIPS PARKWAY
MONTVALE, NJ 07645

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DOWNIN, ROBERT D
17 PHILIPS PARKWAY
MONTVALE, NJ 07645

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ANDREWS, DIANE
9 FARM SPRINGS ROAD
FARMINGTON, CT 06032

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SULLIVAN, JOHN
400 MAIN STREET
ASHLAND, MA 01721

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LINDROTH, BRIAN
9 FARM SPRINGS ROAD
FARMINGTON, CT 06032

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #