

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F94000005175

**FILED**  
**Jul 14, 2009**  
**Secretary of State****Entity Name:** KIDDE FIRE TRAINERS, INC.**Current Principal Place of Business:**17 PHILIPS PARKWAY  
MONTVALE, NJ 07645 US**New Principal Place of Business:****Current Mailing Address:**9 FARM SPINGS ROAD  
FARMINGTON, CT 06032 US**New Mailing Address:****FEI Number:** 22-2894089**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: DEVIN  
Address: 9 FARM SPRINGS RD  
City-St-Zip: FARMINGTON, CT 06032 US

Title: P ( ) Delete  
Name: KASH  
Address: 17 PHILIPS PARKWAY  
City-St-Zip: MONTVALE, NJ 07645 US

Title: S ( ) Delete  
Name: ALICIA  
Address: 9 FARM SPRINGS RD  
City-St-Zip: FARMINGTON, CT 06032 US

Title: D ( ) Delete  
Name: DONNA LYNN  
Address: 9 FARM SPRINGS RD  
City-St-Zip: FARMINGTON, CT 06032 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: WEIL, DEVIN  
Address: 9 FARM SPRINGS RD  
City-St-Zip: FARMINGTON, CT 06032 US

Title: P (X) Change ( ) Addition  
Name: GOPINATH, KASH  
Address: 17 PHILIPS PARKWAY  
City-St-Zip: MONTVALE, NJ 07645 US

Title: S (X) Change ( ) Addition  
Name: PERRAULT, ALICIA  
Address: 9 FARM SPRINGS RD  
City-St-Zip: FARMINGTON, CT 06032 US

Title: D (X) Change ( ) Addition  
Name: HEWITT, DONNA LYNN  
Address: 9 FARM SPRINGS RD  
City-St-Zip: FARMINGTON, CT 06032 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICIA PERRAULT

S

07/14/2009

Electronic Signature of Signing Officer or Director

Date