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PROFIT CORPORATION ANNUAL REPORT



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

DOCUMENT #

1996

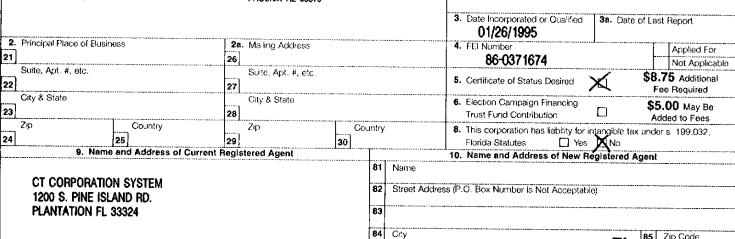
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SONITROL OF ARIZONA, INC.

Principal Place of Business 333 W. INDIAN SCHOOL RD. PHOENIX AZ 85013

Mailino Address

333 W. INDIAN SCHOOL RD. PHOENIX AZ 85013



FL 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. Thereby 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 a	oplicable. ((40)	(E: Pogistereo Agent signature	PROMET White raine Shed	.ATC	
12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	DELETE:	1. 1 TITLE	1 / 66	T7 0	Addition
NAME	BUCKEY, GALEN		1.2 NAME	MICHAEL & BRADY 333 W. INDIAN SCHOOL		
STREET ADDRESS	333 W. INDIAN SCHOOL RD.		1.3 STREET ADDRESS	333 W. INDIAN SCHOOL	RD.	
CITY-ST-ZIP	PHOENIX AZ 85013		1.4 CHTY - \$1 - ZIP	PHUENIX, AZ. 85013		
TITLE	V	DELETE	2 • THLE	CFO / PRES.	⊠ Change	Addition
NAME	SCHICK, MARY E		2.2 NAME	MARN E. SCHICK	2	
STREET ADDRESS	333 W. INDIAN SCHOOL RD.		2.3 STREET ADDRESS	MARY E. SCHICK 333 W. INDIAN SCHOOL	RD.	
CITY - ST - ZIP	PHOENIX AZ 85013		2.4 CHY-ST-7IP	PHOENIX AZ. 85013		
TITLE	STD	DELETE	3. 1 TITLE	SEC.	Change	Add tion
NAME	BUCKEY, CHARLA G		3.2 NAME	FLIZABETH M. SMAH	∠ s ona igo	
STREET ADDRESS	333 W. INDIAN SCHOOL RD.		3.3 STREET ADDRESS	ELIZABETH M. SMITH 333 W. INDIAN SCHOOL	RD.	
CHTY-ST-ZIP	PHOENIX AZ 85013		34 CITY-ST-7IP	PHOENIX AZ. 85013		
TITLE		[] DELETE	4 1 TITLE	THERETA, THE BUSIN	[] Change	☐ Addition
NAME			4.2 NAME	,	L.J bhangs	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-S1-ZiP			4.4 CHY-ST-ZIP	200001837	942	
TITLE		DELETE	5 1 TITLE .	-05/24/9601017-	DB Chance	☐ Addition
NAME		<u> </u>	5.2 NAME	***225.00	⊃t≘i iononge	L.J. Addition
STREET ADDRESS			5 3 STREET ADDRESS	But the tar II to tar		
CITY-ST-ZIP			5.4 City - S1 - ZiP		3	
TITLE		DELE 1E	6. 1 TITLE		Chappe -	- Caddition
NAME			6.2 NAME			1(12)
STREET ADDRESS			6.3 STREET ADDRESS	\sim	NAD C	10
DiTY-ST-ZIP			E A DITY OF THE	' '	<i>)</i> ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	

14. I do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statistics: 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 at 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; abelinat my name

SIGNATURE:

Mary E Schick President 5/15/9(263 9360

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Zip Code

CR2E034 (12/95)