

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000001076 (7)

1. Corporation Name

SECURITY LOCK DISTRIBUTORS SOUTH, INC.



Principal Place of Business

59 WEXFORD STREET
NEEDHAM HEIGHTS MA 02194

Mailing Address

59 WEXFORD STREET
NEEDHAM HEIGHTS MA 02194

3. Date Incorporated or Qualified

03/07/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

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 fee if applicable

DATE Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
DPT
SCHWARTZ, SIDNEY
59 WEXFORD STREET
NEEDHAM HEIGHTS MA 02194

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
SCHWARTZ, JEFFREY
59 WEXFORD STREET
NEEDHAM HEIGHTS MA 02194

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
SCHWARTZ, DAVID
59 WEXFORD STREET
NEEDHAM HEIGHTS MA 02194

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
SCHWARTZ, MARC
59 WEXFORD STREET
NEEDHAM HEIGHTS MA 02194

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
SCHWARTZ, HOWARD E
59 WEXFORD STREET
NEEDHAM HEIGHTS MA 02194

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
S
DAVIS, MICHAEL M
ONE POST OFFICE SQUARE
BOSTON MA 02109

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 119.07(3)(a), 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:

David Schwartz

DAVID SCHWARTZ V.P.

1/19/96

617-444-1155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)