

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F97000003601**

1. Entity Name
MCDANIEL FIRE SYSTEMS, INC.



Principal Place of Business
1055 W. JOLIET RD.
VALPARAISO IN 46385

Mailing Address
PO BOX 70
VALPARAISO IN 46383

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** Zip **Country**

4. FEI Number **35-1005016** **Applied For**
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name --

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.** **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ST** Delete
NAME **BROWN, REBECCA L**
STREET ADDRESS **P.O. BOX 70**
CITY-ST-ZIP **VALPARAISO IN 46383**

TITLE **VICE PRESIDENT** Change Addition
NAME **POPE, LARRY I**
STREET ADDRESS **55 WORCHESTER DR**
CITY-ST-ZIP **VALPARAISO IN 46383**

TITLE **P** Delete
NAME **SCHENCK, R R**
STREET ADDRESS **1652 SHERWOOD**
CITY-ST-ZIP **VALPARAISO IN**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** Delete
NAME **ADKINS, GEORGE D**
STREET ADDRESS **2353 SAGER RD.**
CITY-ST-ZIP **VALPARAISO IN 46383**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** Delete
NAME **BURNS, PATRICK T**
STREET ADDRESS **832 TANNER**
CITY-ST-ZIP **VALPARAISO IN**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** Delete
NAME **ROWLETT, DENNIS O**
STREET ADDRESS **2508 RAY ALLEN**
CITY-ST-ZIP **MARION IL 62959**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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.

Rebecca Brown

1/23/03

219-462-0571

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0672431
MR

**FILED
Jan 27, 2003 8:00 am
Secretary of State**

01-27-2003 90359 002 ***150.00



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)