

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000006026 (5)

1. Corporation Name

FIRE CONTROL INSTRUMENTS, INC.

Principal Place of Business

200 S. WACKER DR., STE. 700
CHICAGO IL 60606-5802

Mailing Address

200 S. WACKER DR., STE. 700
CHICAGO IL 60606-5802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1997

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

51-0305210

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCEO	<input checked="" type="checkbox"/> DELETE
NAME	APPEL, ARTHUR S	CHANGE
STREET ADDRESS	280 GROVE ST. 301 Second Ave	
CITY-ST-ZIP	NEWTON MA 02468-2295 WALTHAM, MA 02154	

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	CARIDEO, FRANK H	CHANGE
STREET ADDRESS	280 GROVE ST. 301 Second Ave	
CITY-ST-ZIP	NEWTON MA 02468-2295 WALTHAM, MA 02154	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	GAUVREAU, PAUL R	
STREET ADDRESS	200 S. WACKER DR., STE. 700	
CITY-ST-ZIP	CHICAGO IL 60606-5802	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, EDWARD J	
STREET ADDRESS	200 S. WACKER DR., STE. 700	
CITY-ST-ZIP	CHICAGO IL 60606-5802	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CONFORTI, FRED	
STREET ADDRESS	1771 DIEHL RD., STE. 190	
CITY-ST-ZIP	NAPERVILLE IL 60563	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	VEZENS, HANS G	CHANGE
STREET ADDRESS	280 GROVE ST. 301 Second Ave	
CITY-ST-ZIP	NEWTON MA 02468-2295 WALTHAM, MA 02154	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	O ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WM. ZERMUEHLEN	
1.3 STREET ADDRESS	200 S. WACKER DR. # 700	
1.4 CITY-ST-ZIP	CHICAGO, IL 60606	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	4225 NAPERVILLE RD., SUITE 155	
5.4 CITY-ST-ZIP	LISLE, IL 60532	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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

[Signature]

4/22/98

CR2E034 (10/97)