

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90296 028 ***550.00

DOCUMENT # F98000003041

1. Entity Name
SCHLAGE LOCK COMPANY



Principal Place of Business
% INGERSOLL-RAND COMPANY
200 CHESTNUT RIDGE RD.
WOODCLIFF LAKE, NJ 07675

Mailing Address
% INGERSOLL-RAND COMPANY
200 CHESTNUT RIDGE RD.
WOODCLIFF LAKE, NJ 07675

50051032



2. Principal Place of Business
155 Chestnut Ridge Rd

3. Mailing Address
155 Chestnut Ridge Rd

04292005 Chg-P CR2E034 (10/03)

City & State
Montvale NJ

City & State
Montvale NJ

4. FEI Number
94-0846090

Zip
07645

Country
USA

Zip
07645

Country
USA

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S 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 resigning.) DATE:

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SMITH, R	
STREET ADDRESS	200 CHESTNUT RIDGE RD.	
CITY-ST-ZIP	WOODCLIFF LAKE, NJ 07677	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	NACHTIGAL, PATRICIA	
STREET ADDRESS	200 CHESTNUT RIDGE RD.	
CITY-ST-ZIP	WOODCLIFF LAKE, NJ 07677	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWIMMER, GERALD E	
STREET ADDRESS	200 CHESTNUT RIDGE RD.	
CITY-ST-ZIP	WOODCLIFF LAKE, NJ 07677	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HELLER, R.G.	
STREET ADDRESS	200 CHESTNUT RIDGE RD.	
CITY-ST-ZIP	WOODCLIFF LAKE, NJ 07677	
TITLE	C	<input type="checkbox"/> Delete
NAME	OAKLEY, J	
STREET ADDRESS	200 CHESTNUT RIDGE RD.	
CITY-ST-ZIP	WOODCLIFF LAKE, NJ 07675	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SKINMON, R.L	
STREET ADDRESS	200 CHESTNUT RIDGE RD	
CITY-ST-ZIP	WOODCLIFF LAKE, NJ 07675	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Lamach	
STREET ADDRESS	155 Chestnut Ridge Rd	
CITY-ST-ZIP	Montvale NJ 07645	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	155 Chestnut Ridge Rd	
CITY-ST-ZIP	Montvale NJ 07645	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	155 Chestnut Ridge Rd	
CITY-ST-ZIP	Montvale NJ 07645	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Santoro	
STREET ADDRESS	155 Chestnut Ridge Rd.	
CITY-ST-ZIP	Montvale NJ 07645	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	155 Chestnut Ridge Rd	
CITY-ST-ZIP	Montvale NJ 07645	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara Brasier	
STREET ADDRESS	155 Chestnut Ridge Rd	
CITY-ST-ZIP	Montvale NJ 07645	

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.

SIGNATURE: _____

KENNETH W. LILJEBACK
ATTORNEY-IN-FACT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #