


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # F98000003041 1. Entity Name SCHLAGE LOCK COMPANY	
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Principal Place of Business 155 CHESTNUT RIDGE RD MONTVALE, NJ 07645	Mailing Address 155 CHESTNUT RIDGE RD MONTVALE, NJ 07645
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01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 94-0846090	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAMACH, MICHAEL 155 CHESTNUT RIDGE RD MONTVALE, NJ 07645
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NACHTIGAL, PATRICIA 155 CHESTNUT RIDGE RD MONTVALE, NJ 07645
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWIMMER, GERALD E 155 CHESTNUT RIDGE RD MONTVALE, NJ 07645
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANTORO, BARBARA 155 CHESTNUT RIDGE RD MONTVALE, NJ 07645
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C OAKLEY, J 155 CHESTNUT RIDGE RD MONTVALE, NJ 07645
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRASIER, BARBARA 155 CHESTNUT RIDGE RD MONTVALE, NJ 07645

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IN THIS SPACE**

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02/08/06-80079-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/06
Date

Daytime Phone # _____