

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003251

1. Entity Name

CERTIFIED SECURITY SYSTEMS, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90096 021 ***150.00

Principal Place of Business

Mailing Address

845 LARCH AVE
ELMHURST IL 60126

845 LARCH AVE
ELMHURST IL 60126-1114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **36-4204103**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DUCHOSSOIS, RICHARD L	
STREET ADDRESS	845 LARCH AVE	
CITY-ST-ZIP	ELMHURST IL 60126	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUCHOSSOIS, CRAIG J	
STREET ADDRESS	845 LARCH AVE	
CITY-ST-ZIP	ELMHURST IL 60126	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BAKER, ROBERT I	
STREET ADDRESS	845 LARCH AVE	
CITY-ST-ZIP	ELMHURST IL 60126	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RUTILI, JULIUS J	
STREET ADDRESS	845 LARCH AVE	
CITY-ST-ZIP	ELMHURST IL 60126	
TITLE	VPCF	<input type="checkbox"/> Delete
NAME	FEALY, ROBERT L	
STREET ADDRESS	845 LARCH AVE	
CITY-ST-ZIP	ELMHURST IL 60126	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FLANNERY, MICHAEL E	
STREET ADDRESS	845 LARCH AVE	
CITY-ST-ZIP	ELMHURST IL 60126	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ASSISTANT TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RONALD W. FLEMING	
STREET ADDRESS	845 LARCH AVE	
CITY-ST-ZIP	ELMHURST, IL 60126	
TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK B. TOWE	
STREET ADDRESS	845 LARCH AVE	
CITY-ST-ZIP	ELMHURST, IL 60126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD W. FLEMING ASSIST. TREASURER 4/28/00 (630) 279-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)