

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G38011** (4)
1. Corporation Name
JOHNSON CONTROLS MANAGEMENT SYSTEMS INC.



Principal Place of Business
**90 MOONACHIE
TETERBORO NJ 07608
US**

Mailing Address
**ATTN. TAX X81
P.O. BOX 591
MILWAUKEE WI 53201
US**

3. Date Incorporated or Qualified
05/11/1983

3a. Date of Last Report
05/12/1995

4. FEI Number
13-3336716

Applied For
☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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
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 the applicable

(If the Registered Agent Signature represents a corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	GAMMON, FREDERICK D.	
STREET ADDRESS	90 MOONACHIE AVE.	
CITY-ST-ZIP	TETERBORO NJ	
TITLE	VSD	☐ DELETE
NAME	YOUNG, LINDA B.	
STREET ADDRESS	90 MOONACHIE AVE.	
CITY-ST-ZIP	TETERBORO NJ	
TITLE	DC	☐ DELETE
NAME	ROUNDY, PAUL V III	
STREET ADDRESS	7315 N ATLANTIC AVE	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	AS	☐ DELETE
NAME	ADAMS, WILLIAM D	
STREET ADDRESS	7315 N ATLANTIC AVE	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	D	☐ DELETE
NAME	BORDERS, C R	
STREET ADDRESS	7315 N ATLANTIC AVE	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	T	☐ DELETE
NAME	TOMAINI, A F JR	
STREET ADDRESS	7315 N ATLANTIC AVE	
CITY-ST-ZIP	CAPE CANAVERAL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96

(414) 228-1200
Daytime Phone #

CR2E034 (12/95)