SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 AUG -3 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H31363** **(5)**

1. Corporation Name
INTEGRATED CONTROL SYSTEMS, INC.

Principal Place of Business	Mailing Address
366-368 E OLYMPIA PUNTA GORDA FL 33950	366-368 E OLYMPIA PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/27/1984
3a. Date of Last Report: 03/17/1994

4. FEI Number: 59-1787342 ☐ 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	2a. Mailing Address
21 900 West Marion Ave	26 900 West Marion Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Punta Gorda, FL	City & State 28 Punta Gorda, FL
Zip 24 33950 Country 25 USA	Zip 29 33950 Country 30 USA

9. Name and Address of Current Registered Agent

ROSS, WARREN R
201 W MARION ST, #301
PUNTA GORDA FL 33950

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	RUGGIERO, JOSEPH	12 NAME		
STREET ADDRESS	BEACH ST, #321	13 STREET ADDRESS		
CITY-ST-ZIP	LITCHFIELD CT	14 CITY-ST-ZIP		
TITLE	ST	21 TITLE		☒ Change ☐ Addition
NAME	DARLEY, DAVID L.	22 NAME		
STREET ADDRESS	17474 FOREMOST LANE	23 STREET ADDRESS	427 Viceroy Terrace	
CITY-ST-ZIP	PT. CHARLOTTE FL	24 CITY-ST-ZIP	Port Charlotte, FL 33954	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	IRWIN, JAMES	32 NAME		
STREET ADDRESS	22 EMERALD POINT BLVD.	33 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☒ Change ☐ Addition
NAME	HERTTO, RAIMO	42 NAME		
STREET ADDRESS	RAUTAKIRJA OY KOIVUVAARANKUJA 2, BOX 1	43 STREET ADDRESS	delete	
CITY-ST-ZIP	SF-01640 VANTAA, FINLAND	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☒ Change ☐ Addition
NAME	CHURCHILL, CHALRES SPENCE R	52 NAME		
STREET ADDRESS	CAFE ROYAL, 68 REGENT ST	53 STREET ADDRESS	delete	
CITY-ST-ZIP	LONDON WIR 6EL ENGLAND	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☒ Change ☐ Addition
NAME	DEGAULLE, CHARLES	62 NAME		
STREET ADDRESS	1, AVE DU PRESIDENT WILSON	63 STREET ADDRESS	delete	
CITY-ST-ZIP	75116 PARIS FRANCE	64 CITY-ST-ZIP		

CR2E034 (3/95)

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: Warren R. Ross Darley DAVID L. DARLEY 7/27/95 941-629-6677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0182900 FP