File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT** # M98000000875 1a. Principal Place of Business Address SILENT KNIGHT FIRE SYSTEMS, LLC 7550 MERIDIAN CIRCLE 7550 MERIDIAN CIRCLE MAPLE GROVE MN 55369 MAPLE GROVE MN 55369 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 07/15/1998 DE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 41-1697170 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 Suite, Apt. #, etc. 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above named limited liability company 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 affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations. nistean SIGNATURE 114 CALL DATE 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code KOOMAN, PETER 15407 MCGINTY ROAD WEST MGR WAYZATA MN MGR MACMILLAN, W. DUNCAN 15407 MCGINTY ROAD WEST WAYZATA MN MGR BENNETT, FRANK 15407 MCGINTY ROAD WEST WAYZATA MN MAPLE GROVE MN EUROCI 2804795----03/12/99--01103--019_ MGR ELLIS, JOHN 7550 MERIDIAN CIRCLE ****188.75 ****188.7\$ 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i). Florida Statutes. Hurther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2-17-95

SIGNATURE: