

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000103115

1. Entity Name
ADT AUTOMATION & DATA TECHNOLOGY CORP.

| | |
|--|--|
| Principal Place of Business 2198 MAIN STREET SARASOTA FL 34237 | Mailing Address 2198 MAIN STREET SARASOTA FL 34237 |
|--|--|

| | |
|---|---------------------|
| 2. Principal Place of Business 105 1/2 SOUTH MAIN STREET | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|---------------|
| City & State BLUFFTON OH | City & State |
| Zip 45817 | Country US |

| | |
|------------------------------------|--|
| 4. FEI Number 65-1054821 | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |

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

JAENSCH P. CHRISTOPHER
 2198 MAIN STREET

 SARASOTA FL 34237

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State 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 _____ DATE **04/09/2001**

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, 2001 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 | BULTER WILHELM | |
| STREET ADDRESS | MEINETSBERGER WEG 12 | |
| CITY-ST-ZIP | 90449 NIMBERG GERMANY | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KOEGLER JOHANN | |
| STREET ADDRESS | WIRTSGASSE 13 | |
| CITY-ST-ZIP | 97234 REICHENBERG GERMANY | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | |
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| 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: JOHANN KOEGLER **D** **04/09/2001**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)