


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Feb 01, 1999 8:00am
Secretary of State

02-01-1999 90011 015 ****150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P09110					
1. Corporation Name UNISTRUT CORPORATION					
Principal Place of Business 35660 CLINTON ST. WAYNE MI 48184-2091 US			Mailing Address 16100 S. LATHROP AVE. HARVEY IL 60426 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/17/1986	
21		26		4. FEI Number 38-2622338	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For <input type="checkbox"/> Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24		25			
29		30			
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
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> DELETE			
NAME	KOZLOWSKI, L. D				
STREET ADDRESS	ONE TYCO PARK				
CITY-ST-ZIP	EXETER NH				
TITLE	EVP	<input type="checkbox"/> DELETE			
NAME	MEAD, ROBERT P				
STREET ADDRESS	THREE TYCO PARK				
CITY-ST-ZIP	EXETER NH				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	GUTIN, IRVING				
STREET ADDRESS	ONE TYCO PARK				
CITY-ST-ZIP	EXETER NH				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	MILLER, BARBARA S				
STREET ADDRESS	THREE TYCO PARK				
CITY-ST-ZIP	EXETER NH				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	FLEMISTER, PETER L				
STREET ADDRESS	16100 S. LATHROP AVE.				
CITY-ST-ZIP	HARVEY IL				
TITLE		<input type="checkbox"/> DELETE			
NAME	ONE TYCO PARK				
STREET ADDRESS	EXETER NH				
CITY-ST-ZIP	0304				



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Peter L. Flemister 1/6/99 708-225-2072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #