

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 # P17741 (0)

1. Corporation Name

ADEMCO DISTRIBUTION, INC.

Principal Place of Business

Mailing Address

180 MICHAEL DRIVE
200 SOUTH WACKER DRIVE, SUITE 700
SYOSSET NY 11791
US

200 S. WACKER DRIVE
SUITE 700
CHICAGO IL 60606-5802
US

3. Date Incorporated or Qualified
01/22/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature typed or printed name of registered agent and director (Type name)

(Print Name of Registered Agent and Director) (Type name)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ROTH, STEVEN I.
STREET ADDRESS 180 MICHAEL DR.
CITY-ST-ZIP SYOSSET NY

☐ DELETE

1.1 TITLE ASSISTANT SECRETARY
1.2 NAME WM. ZERMUEHLER
1.3 STREET ADDRESS 200 S. WACKER DR # 700
1.4 CITY-ST-ZIP CHICAGO, IL 60606

☐ Change ☒ Addition

TITLE EVP
NAME BOZZA, JOHN
STREET ADDRESS 180 MICHAEL DR.
CITY-ST-ZIP SYOSSET NY

☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPTS
NAME CANNATA, MICHAEL
STREET ADDRESS 180 MICHAEL DR.
CITY-ST-ZIP SYOSSET NY

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME GUTHART, LEO A.
STREET ADDRESS 180 MICHAEL DR.
CITY-ST-ZIP SYOSSET NY

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VST
NAME GAUVREAU, PAUL R.
STREET ADDRESS 200 S WACKER DRIVE, #700
CITY-ST-ZIP CHICAGO IL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP
NAME OWEN, FRANK
STREET ADDRESS 180 MICHAEL DRIVE
CITY-ST-ZIP SYOSSET NY

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst. Secy.

4/28/96

312-831-1070

CR2E034 (12/95)

2-2

200 South Wacker Drive, Suite 700
Chicago, IL 60606

APR 30 1996

Date _____

Mailed to: **Florida Department of State
Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500**

Sir/Madam:

The enclosed Return or Report is filed on behalf of:

Ademco Distribution, Inc.

Type of Return: **1996 Corporation Annual Report**

Form Number:

Taxable Period: **as of 1/1/96**

Payment Enclosed: **\$200.00**

Other Comments:

If you have any questions about the enclosed, please call me at (312) 831-1070.

Sincerely,



Karen K. Schneider
Tax Representative

Enclosures