

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P17741** (0)
1. Corporation Name
ADEMCO DISTRIBUTION, INC.

Principal Place of Business 180 MICHAEL DRIVE 200 SOUTH WACKER DRIVE, SUITE 700 SYOSSET NY 11791 US	Mailing Address 200 S. WACKER DRIVE SUITE 700 CHICAGO IL 60606-5802 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/22/1988	
4. FEI Number 36-3549597		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, STEVEN I.	1.2 NAME	
STREET ADDRESS	180 MICHAEL DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SYOSSET NY	1.4 CITY-ST-ZIP	
TITLE	AS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZERMUEHLEN, WILLIAM	2.2 NAME	
STREET ADDRESS	200 S. WACKER DRIVE #700	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	
TITLE	VPTS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNATA, MICHAEL	3.2 NAME	
STREET ADDRESS	180 MICHAEL DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SYOSSET NY	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTHART, LEO A.	4.2 NAME	
STREET ADDRESS	180 MICHAEL DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SYOSSET NY	4.4 CITY-ST-ZIP	
TITLE	VST	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAUVREAU, PAUL R.	5.2 NAME	
STREET ADDRESS	200 S WACKER DRIVE, #700	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWEN, FRANK	6.2 NAME	
STREET ADDRESS	180 MICHAEL DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SYOSSET NY	6.4 CITY-ST-ZIP	

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.

SIGNATURE: 

4/23/98 3128311070

CP2E034 (10/97)