2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # P17741** 1. Entity Name ADEMOO DISTRIBUTION, INC. Mailing Address Principal Place of Business HONEYWELL INTERNATIONAL INC. 263 OLD COUNTRY RD PO BOX 1169 TAX-DEPT. MELVILLE NY 11747 101 COLUMBIA-ROAD P.O. BOX 1057 MORRISTOWN, NJ .07962-1057 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Zip Country Country 6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM

1200 S. PINE ISLAND ROAD PLANTATION FL 33324

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

ROTH, STEVEN I.

180 MICHAEL DR.

ZERMUEHLEN, WILLIAM

CANNATA, MICHAEL

GUTHART, LEO A. -

GAUVREAU, PAUL R.

200 S WACKER DRIVE, #700

180 MICHAEL DR.

180 MICHAEL DR.

200 S. WACKER DRIVE #700

SYOSSET NY

CHICAGO IL

SYOSSET NY

SYOSSET NY

CHICAGO IL

OWEN, FRANK

180 MICHAEL DRIVE

(See criteria on back)

AS

VPTŠ

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

OFFICERS AND DIRECTORS

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

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TITLE

NAME

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NAME

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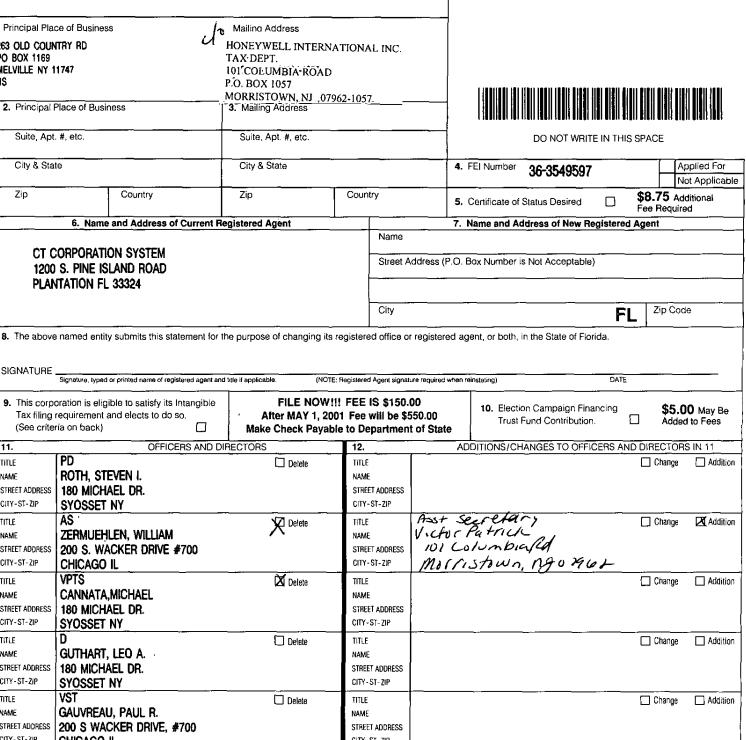
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FILED May 17, 2001 8:00 am Secretary of State

05-17-2001 91347 033 ***150.00



SYOSSET NY 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 addirect with the relike empowered.

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

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12.

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

☐ Addition

Date