

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

FILED

**May 05 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P20569** (0)
1. Corporation Name
SIGNACON CONTROLS, INC.



Principal Place of Business: **6 WESTCHESTER PLAZA ELMSFORD NY 10523**
Mailing Address: **6 WESTCHESTER PLAZA ELMSFORD NY 10523-1611**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **08/22/1988**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **13-2554046**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | SCHAPS, ROBERT S. | |
| STREET ADDRESS | 149 BREWSTER ROAD | |
| CITY-ST-ZIP | SCARSDALE NY | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | PALERMO, STEPHEN J. | |
| STREET ADDRESS | 749 BLUE CREEK DR. | |
| CITY-ST-ZIP | WEBSTER NY | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | YOUNG, TIMOTHY J. | |
| STREET ADDRESS | 28 LINDA LANE | |
| CITY-ST-ZIP | SCHENECTADY NY 12309 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | S/D C. Michael CARTER |
| 4.3 STREET ADDRESS | 15910 VENTURA BLVD |
| 4.4 CITY-ST-ZIP | ENCINO, CA 91436-2810 |
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | T/D JAMES P. McCloskey |
| 5.3 STREET ADDRESS | 15910 VENTURA BLVD |
| 5.4 CITY-ST-ZIP | ENCINO, CA 91436-2810 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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: _____ **REQUIRED** Date: **4/21/97** 914-592-1616

CR2E034 (9/96)