FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P25590** **(1)**

1. Corporation Name

STAEFA CONTROL SYSTEM INC.

Principal Place of Business	Mailing Address
8515 MIRALANI DR. SAN DIEGO CA 92126	8515 MIRALANI DR. SAN DIEGO CA 92126

3. Date Incorporated or Qualified: **08/14/1989**

3a. Date of Last Report: **03/02/1995**

4. FEI Number: **95-3580691** ☐ 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

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

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 (Signature, typed or printed name of registered agent, and title, if applicable) (FOR Business Agent, signature constitutes acceptance) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LEONARDIS, TOM		1.2 NAME		
STREET ADDRESS	8515 MIRALANI DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO CA		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SHEELY, JACK		2.2 NAME		
STREET ADDRESS	8515 MIRALANI DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO CA		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DONEHUE, JACK		3.2 NAME		
STREET ADDRESS	8515 MIRALANI DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO CA		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ALPERS, BOB		4.2 NAME		
STREET ADDRESS	8515 MIRALANI DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO CA		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	VP	☐ Change XX Addition
NAME			5.2 NAME	Daniel Bertram	
STREET ADDRESS			5.3 STREET ADDRESS	8515 Miralani Dr.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	San Diego, CA 92126	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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)(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: Jack R. Sheely 3-1-96 619-530-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jack R. Sheely

CR2E034 (12/95)