

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT

1998 7



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

APPROVED  
AND  
FILED

97 MAY 26 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 26881

1. Corporation Name

PITTSWAY CORPORATION

Principal Place of Business

Mailing Address

200 S. WACKER DR.  
#700  
CHICAGO, IL 60606

200 S. WACKER DR.  
#700  
CHICAGO, IL 60606

|   |  |
|---|--|
| 3. Date Incorporated or Qualified   | 3a. Date of Last Report                                  |
| 11/13/1989  | 03/01/96   |
| 4. FEI Number   | Applied For  |
| 13-5616408  | Not Applicable   |
| 5. Certificate of Status Desired  | \$8.75 Additional Fee Required                           |
| <input type="checkbox"/>  |  |
| 6. Election Campaign Financing  | \$5.00 May Be Added to Fees                              |
| Trust Fund Contribution   | <input type="checkbox"/>                                 |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| 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                      | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BARNETT, EUGENE L                          | 1.2 NAME  | 600002195246--4   |
| STREET ADDRESS             | 1621 MISSION HILL RD                       | 1.3 STREET ADDRESS                                    | -05/29/97--01109--008   |
| CITY-ST-ZIP                | NORTHBROOK, IL 60062                       | 1.4 CITY-ST-ZIP                                       | ****165.00 ****165.00   |
| TITLE                      | <input type="checkbox"/> DELETE            | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BARROWS, SIDNEY                            | 2.2 NAME  |   |
| STREET ADDRESS             | 150 S. 5TH STREET                          | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MINNEAPOLIS, MN                            | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | COMFORTI, FRANK J.                         | 3.2 NAME  |   |
| STREET ADDRESS             | 1771 DIEHL ROAD #190                       | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | NAPERVILLE, IL                             | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HARRIS, KING                               | 4.2 NAME  |   |
| STREET ADDRESS             | 200 S. WACKER DRIVE #700                   | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | CHICAGO, IL                                | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HARRIS, NELSON                             | 5.2 NAME  |   |
| STREET ADDRESS             | P.O. Box 2279 N/A                          | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | NORTHBROOK, IL                             | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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)(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

WM ZERMEHLER

5/19/97

312-831-1070

Daytime Phone #

CR2E034 (12/95)