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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # P96000089743

1. Corporation Name
CONTROL CORPORATION OF AMERICA

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified: OCTOBER 31, 1996 | 3a. Date of Last Report:

2. Principal Place of Business
21: 3800 179th STREET
Suite, Apt. # etc. 22:
City & State 23: HAMMOND, INDIANA
Zip 24: 46323 | Country 25: LAKE

2a. Mailing Address
26: 1344 5th AVENUE
Suite, Apt. # etc. 27:
City & State 28: PITTSBURGH, PA
Zip 29: 15219 | Country 30: ALLEGHENY

4. FEI Number: 25-1802862 | 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

10. Name and Address of New Registered Agent
81 Name: ROBERT J. LEWIS
82 Street Address (P.O. Box Number is Not Acceptable): 5393 GULF OF MEXICO DRIVE
83
84 City: LONG BOAT KEY | FL | 85 Zip Code: 34228

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 below 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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PRESIDENT JOHN COYNE 3800 179th STREET HAMMOND, INDIANA 46323	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	TREASURER DONALD HENRICH 1010 JORIE BOULEVARD OAK BROOK, ILLINOIS 60521	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	SECRETARY PATRICK DOLAN 1344 FIFTH AVENUE PITTSBURGH, PENNSYLVANIA 15219	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	C.E.O. ROBERT J. LEWIS 5393 GULF OF MEXICO DRIVE LONG BOAT KEY, FLORIDA 34228	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	800002113918 -03/14/97--01005--029 ***165.00	☐ Change ☐ Addition

CR2E034 (9/96)

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: Robert J Lewis CEO — 2/20/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #