

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

FILED  
Feb 25 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000089743 (4)  
1. Corporation Name  
CONTROL CONSULTANTS OF AMERICA INC.



Principal Place of Business  
3800 179TH STREET  
HAMMORRD ID 46323

Mailing Address  
1344 5TH AVENUE  
PITTSBURGH PA 15219

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/31/1996	
21		26		4. FEI Number 25-1802862	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LEWIS, ROBERT J 5393 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228		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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COYNE, JOHN	1.2 NAME	
STREET ADDRESS	3800 179TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	HAMMORRD ID 46323	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRICH, DONALD	2.2 NAME	
STREET ADDRESS	1010 JORIE BOULEVARD	2.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL 60521	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLAN, PATRICK	3.2 NAME	
STREET ADDRESS	1344 FIFTH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PN 15219	3.4 CITY-ST-ZIP	
TITLE	CEO	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, ROBERT J	4.2 NAME	
STREET ADDRESS	5393 GULF OF MEXICO DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONG BOAT KEY FL 34228	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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 in an attachment with an address.

SIGNATURE

*[Signature]*

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\*\*\*150.00

1-23-98

CP2E034 (10/97)