


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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90086 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000090114

1. Corporation Name
JOHNSON CONTROLS-RMS, INC.



Principal Place of Business 7315 NO ATLANTIC AVENUE CAPE CANAVERAL FL 32920	Mailing Address P O BOX 591 MILWAUKEE WI 53201 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 10/31/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3423095	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Zip 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**F & L CORP.
200 LAURA STREET
JACKSONVILLE FL 32202**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TYLER, DALE D		1.2 NAME Mark C. Filteau	
STREET ADDRESS 7315 NO ATLANTIC AVENUE		1.3 STREET ADDRESS 7315 N. Atlantic Avenue	
CITY-ST-ZIP CAPE CANAVERAL FL 32920		1.4 CITY-ST-ZIP Cape Canaveral, FL 32920	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GEISLER, MICHAEL J		2.2 NAME John P. Kennedy	
STREET ADDRESS 7315 NO ATLANTIC AVENUE		2.3 STREET ADDRESS 5757 N. Green Bay Avenue	
CITY-ST-ZIP CAPE CANAVERAL FL 32920		2.4 CITY-ST-ZIP Milwaukee, WI 53201	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TIEDMAN, ALLEN J		3.2 NAME James E. Kaylor	
STREET ADDRESS 7315 NO ATLANTIC AVENUE		3.3 STREET ADDRESS 7315 N. Atlantic Avenue	
CITY-ST-ZIP CAPE CANAVERAL FL 32920		3.4 CITY-ST-ZIP Cape Canaveral, FL 32920	
TITLE MDT	<input type="checkbox"/> DELETE	4.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ENDISCH, DAVID T		4.2 NAME Paul E. Pompeo	
STREET ADDRESS 5757 N GREEN BAY AVENUE		4.3 STREET ADDRESS 7315 N. Atlantic Avenue	
CITY-ST-ZIP MILWAUKEE WI 53209		4.4 CITY-ST-ZIP Cape Canaveral, FL 32920	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME Robert M. Carter	
STREET ADDRESS		5.3 STREET ADDRESS 7315 N. Atlantic Avenue	
CITY-ST-ZIP		5.4 CITY-ST-ZIP Cape Canaveral, FL 32920	
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David T. Endisch 3/17/99

Date

414-228-2832

Daytime Phone #

CR2E034 (11/98)