

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**  
 05-15-2002 90140 036 \*\*\*150.00

UBR/432 AI

**DOCUMENT # P96000090114**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3423095**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
 NAME **FILTEAU, MARK C**  
 STREET ADDRESS **7315 NO ATLANTIC AVENUE**  
 CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD** ☐ Delete  
 NAME **KENNEDY, JOHN P**  
 STREET ADDRESS **5757 N. GREEN BAY AVE.**  
 CITY-ST-ZIP **MILWAUKEE WI 53201**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD** ☐ Delete  
 NAME **KAYLOR, JAMES E**  
 STREET ADDRESS **7315 NO ATLANTIC AVENUE**  
 CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **MDT** ☐ Delete  
 NAME **ENDISCH, DAVID T**  
 STREET ADDRESS **5757 N GREEN BAY AVENUE**  
 CITY-ST-ZIP **MILWAUKEE WI 53209**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S** ☐ Delete  
 NAME **POMPEO, PAUL E**  
 STREET ADDRESS **7315 N. ATLANTIC AVE.**  
 CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **AS** ☐ Delete  
 NAME **CARTER, ROBERT M**  
 STREET ADDRESS **7315 N. ATLANTIC AVE.**  
 CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 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  
**Steve Janowski, Tax Director**

April 22, 2001 414-524-2832

CR2E034 (9/01)

Johnson Controls, Inc.  
5757 N. Green Bay Avenue  
Post Office Box 591  
Milwaukee, WI 53201-0591  
Tel. 414/228 1200

A Hackman  
961962

HP96 60009014

JOHNSON  
CONTROLS

DELEGATION OF AUTHORITY

The undersigned, President of Johnson Controls, Inc., a Wisconsin corporation, pursuant to the authority vested in him by a certain resolution adopted by the Board of Directors of the Company on January 23, 1980, hereby authorizes:

Steve Janowski, Director of Corporate Taxes  
5757 North Green Bay Avenue, P O Box 591  
Milwaukee, Wisconsin 53201

to perform, on behalf of the Company, and any direct or indirect affiliate for which the Company is the majority shareholder, the acts described below:

- a. to execute and file any required tax returns, waivers, consents and closing agreements;
- b. to apply for any and all contractor's licenses, general business licenses, privilege licenses, and other similar licenses required in the ordinary course of business;
- c. to execute and file annual reports as required by state law; and
- d. to execute abandoned property reports.

This authority does not extend to:

- a. the execution of surety, performance or bid bonds;
- b. the collection, receipt and recovery of monies due or to become due to the Company and the issuance of receipts and releases for the payment thereof, except as noted above;
- c. the signing of any notes, contracts, or any other agreement to borrow money in the name of the Company;
- d. the signing, on behalf of the Company, of any deeds, abstracts, offers to purchase or any other instruments pertaining to the purchase or sale of real property; and
- e. to execute and deliver, any and all contracts for the performance of work, sale of goods, and furnishing of services, and any other instruments in connection therewith and in the ordinary course of business.

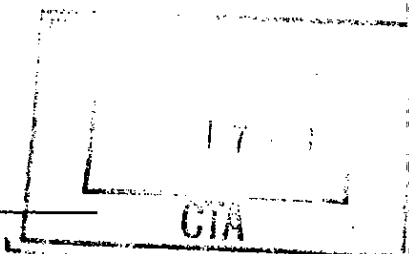
This authority shall remain in full force and effect until revoked in writing by the President of the Company.

Signed and sealed at Milwaukee, Wisconsin this 25<sup>th</sup> day of November, 1998.

Attest:

Secretary

(SEAL)



President

*Johny Burt*