

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State
 04-06-2001 90067 024 ***150.00

0587329

DOCUMENT # 455281

1. Entity Name
JOHNSON CONTROLS WORLD SERVICES INC.

Principal Place of Business PO BOX 591 MILWAUKEE WI 53201 US	Mailing Address PO BOX 591 MILWAUKEE WI 53201 US
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-1575859	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	M	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTIAN, BARBARA A		NAME	Mark C. Filteau	
STREET ADDRESS	5757 N GREEN BAY AVE		STREET ADDRESS	7315 N. Atlantic Ave.	
CITY-ST-ZIP	MILWAUKEE WI		CITY-ST-ZIP	Cape Canaveral, FL 32920	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VP/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEYES, JAMES H		NAME	Jerome D. Okarma	
STREET ADDRESS	5757 N. GREEN BAY AVENUE		STREET ADDRESS	507 E. Michigan St.	
CITY-ST-ZIP	MILWAUKEE WI		CITY-ST-ZIP	Milwaukee, WI 53202	
TITLE	T	<input type="checkbox"/> Delete	TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROELL, STEPHEN A		NAME	John P. Kennedy	
STREET ADDRESS	5757 N. GREEN BAY AVE.		STREET ADDRESS	5757 N. Green Bay Ave.	
CITY-ST-ZIP	MILWAUKEE WI		CITY-ST-ZIP	Milwaukee, WI 53209	
TITLE	S	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARTER, ROBERT M		NAME	Harold E. Lockwood	
STREET ADDRESS	7315 NORTH ATLANTIC AVE		STREET ADDRESS	7315 N. Atlantic Ave.	
CITY-ST-ZIP	CAPE CANAVERAL FL		CITY-ST-ZIP	Cape Canaveral, FL 32920	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: David T. Endisch Domestic Tax Mgr. *[Signature]* **3/27/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRRE034 (10/00)

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739077

JOHNSON CONTROLS WORLD SERVICES INC.

FEIN 59-1575859

<u>OFFICERS</u>	<u>TITLE</u>	<u>ADDRESS</u>
MARK C. FILTEAU	President	7315 N. Atlantic Ave., Cape Canaveral, FL 32920
JEROME D. OKARMA	Vice President, Asst. Secretary	507 E. Michigan St., Milwaukee, WI 53202
STEPHEN A. ROELL	Treasurer	5757 N. Green Bay Ave., Milwaukee, WI 53209
JOHN P. KENNEDY	Assistant Secretary	5757 N. Green Bay Ave., Milwaukee, WI 53209
ROBERT M. CARTER	Secretary	7315 N. Atlantic Ave., Cape Canaveral, FL 32920
PAUL E. POMPEO	Assistant Secretary	41 Perimeter Center East, Atlanta, GA 30346
HAROLD E. LOCKWOOD	Vice President	7315 N. Atlantic Ave., Cape Canaveral, FL 32920
ROBERT L. JOHNSON	Vice President	7315 N. Atlantic Ave., Cape Canaveral, FL 32920
DALE DAVID TYLER	Vice President	7315 N. Atlantic Ave., Cape Canaveral, FL 32920

<u>Delegated Authority</u>		
DAVID T. ENDISCH	Manager Domestic Taxes	5757 N. Green Bay Ave., Milwaukee, WI 53209
STEVE JANOWSKI	Director of Corporate Taxes	5757 N. Green Bay Ave., Milwaukee, WI 53209

<u>DIRECTORS</u>		
JAMES H. KEYES		5757 N. Green Bay Ave., Milwaukee, WI 53209
JOHN P. KENNEDY		5757 N. Green Bay Ave., Milwaukee, WI 53209
STEPHEN A. ROELL		5757 N. Green Bay Ave., Milwaukee, WI 53209