

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90075 041 \*\*\*150.00



<b>DOCUMENT # 455281</b>			
1. Entity Name <b>JOHNSON CONTROLS WORLD SERVICES INC.</b>			
Principal Place of Business PO BOX 591 MILWAUKEE WI 53201 US		Mailing Address PO 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 <b>59-1575859</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	



MOORE CR2E034 (11/03)

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FILTEAU, MARK C		NAME	
STREET ADDRESS 7315 N ATLANTIC AVENUE		STREET ADDRESS	
CITY-ST-ZIP CAPE CANAVERAL FL 32920		CITY-ST-ZIP	
TITLE VPAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OKARMA, JEROME D		NAME	
STREET ADDRESS 507 E MICHIGAN STREET		STREET ADDRESS	
CITY-ST-ZIP MILWAUKEE WI 53202		CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROELIZ, STEPHEN A		NAME	
STREET ADDRESS 5757 N. GREEN BAY AVE.		STREET ADDRESS	
CITY-ST-ZIP MILWAUKEE WI		CITY-ST-ZIP	
TITLE S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <del>CARTER, ROBERT M</del>		NAME	
STREET ADDRESS <del>7315 NORTH ATLANTIC AVE</del>		STREET ADDRESS	
CITY-ST-ZIP <del>CAPE CANAVERAL FL</del>		CITY-ST-ZIP	
TITLE AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KENNEDY, JOHN P		NAME	
STREET ADDRESS 5757 N GREEN BAY AVE		STREET ADDRESS	
CITY-ST-ZIP MILWAUKEE WI 53209		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOCKWOOD, HAROLD E		NAME	
STREET ADDRESS 7315 N ATLANTIC AVENUE		STREET ADDRESS	
CITY-ST-ZIP CAPE CANAVERAL FL 32920		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Steve Janowski  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**STEVE JANOWSKI, TAX DIRECTOR**

Date: 3/26/04 Daytime Phone #: 414-524-2832

Attachment  
24033910  
# 455281

JOHNSON CONTROLS WORLD SERVICES INC.

FEIN 59-1575859

**OFFICERS**

**TITLE**

**ADDRESS**

MARK C. FILTEAU	President	5757 N. Green Bay Ave., Milwaukee, WI 53209
JEROME D. OKARMA	Vice President, Asst. Secretary	5757 N. Green Bay Ave., Milwaukee, WI 53209
STEPHEN A. ROELL	Treasurer	5757 N. Green Bay Ave., Milwaukee, WI 53209
JOHN P. KENNEDY	Secretary	5757 N. Green Bay Ave., Milwaukee, WI 53209
JAMES E. KAYLOR	Asst. Secretary, Asst. Treasurer	7315 N. Atlantic Ave., Cape Canaveral, FL 32920
DAVID H. TOOPS	Vice President	7315 N. Atlantic Ave., Cape Canaveral, FL 32920

**Delegated Authority**

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

**DIRECTORS**

MARK C. FILTEAU		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