

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

CORPORATION
ANNUAL REPORT
1995



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

1995 MAY 12 AM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G38011** (4)

1. Corporation Name
JOHNSON CONTROLS MANAGEMENT SYSTEMS INC.

Principal Place of Business Mailing Address
**ATLANTIC CITY INT'L AIRPORT
PLEASANTVILLE NJ 08232
US** **% PAN AM WORLD SERVICES INC
7315 NO ATLANTIC AVE
CAPE CANAVERAL FL 32820-3721
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/11/1983** 3a. Date of Last Report **02/01/1994**
4. FEI Number **13-3336716** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional
Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be
Added to Fees
8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address Attn: Tax X81
21 **90 Moonachie** 26 **P.O. Box 591**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Teterboro, NJ** 28 **Milwaukee, WI**
Zip Country Zip Country
24 **07608** 25 Country 29 **53201** 30 **US**

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP GAMMON, FREDERICK D. 90 MOONACHIE AVE. TETERBORO NJ	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VSD YOUNG, LINDA B. 90 MOONACHIE AVE. TETERBORO NJ	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	300001490693
STREET ADDRESS		2.3 STREET ADDRESS	-05/17/95--01047--024
CITY - ST - ZIP		2.4 CITY - ST - ZIP	****225.00 ****225.00
TITLE	DC ROUNDY, PAUL V III 7315 N ATLANTIC AVE CAPE CANAVERAL FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	AS ADAMS, WILLIAM D 7315 N ATLANTIC AVE CAPE CANAVERAL FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	D BORDERS, C R 7315 N ATLANTIC AVE CAPE CANAVERAL FL	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	T TOMANN, A F JR 7315 N ATLANTIC AVE CAPE CANAVERAL FL	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: *B.A. Christian* B.A. Christian May 9, 1995 (414)228-2832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Official Name)

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

**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:

Barbara A. Christian, Manager, State Taxes
5757 North Green Bay Avenue
Post Office Box 591
Milwaukee, Wisconsin 53201

to perform, on behalf of the Company and its subsidiaries, the acts described below:

- a. to execute any and all required state and local real and personal property tax returns and consents, involving tax liabilities not exceeding Fifty Thousand Dollars (\$50,000);
- b. to execute any and all sales and use tax returns;
- c. to execute any and all annual reports and abandoned property reports as required by state law;
- d. to execute any and all waivers of statute of limitations, franchise tax returns and gross receipts returns;
- e. 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; and
- f. to represent the Company at any and all hearings, appeals or petitions related to any of the above referenced matters.

This authority does not extend to:

- a. the execution of surety, performance or bid bonds, any notes, contracts, or any agreement to borrow money in the name of the Company;
- b. 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;
- c. 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; or
- d. the execution and delivery of any 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, on March 2, 1992.

(SEAL)


James H. Hayes, President

Attest:


John F. Kennedy, Secretary