


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

**FILED**  
**Apr 15 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G38011 (4)**  
 1. Corporation Name  
**JOHNSON CONTROLS MANAGEMENT SYSTEMS INC.**



Principal Place of Business <b>90 MOONACHE TETERBORO NJ 07808 US</b>	Mailing Address <b>ATTN. TAX X81 P.O. BOX 591 MILWAUKEE WI 53201 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/11/1983</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>13-3336716</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
81	Name				
82	Street Address (P.O. Box Number is Not Acceptable)				
83					
84	City	<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAMMON, FREDERICK D.</b>	1.2 NAME	
STREET ADDRESS	<b>90 MOONACHE AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TETERBORO NJ</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VSD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOUNG, LINDA B.</b>	2.2 NAME	
STREET ADDRESS	<b>90 MOONACHE AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TETERBORO NJ</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DC</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROUNDY, PAUL V III</b>	3.2 NAME	
STREET ADDRESS	<b>7315 N ATLANTIC AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CANAVERAL FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADAMS, WILLIAM D</b>	4.2 NAME	
STREET ADDRESS	<b>7315 N ATLANTIC AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CANAVERAL FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BORDERS, C R</b>	5.2 NAME	
STREET ADDRESS	<b>7315 N ATLANTIC AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CANAVERAL FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOMAINI, A F JR</b>	6.2 NAME	
STREET ADDRESS	<b>7315 N ATLANTIC AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CANAVERAL FL</b>	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.

SIGNATURE: *Sandra B. Mortham* **4-7-98 (414) 229-1200**

CR2E034 (10/97)