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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90081 046 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # G38011

1. Corporation Name
JOHNSON CONTROLS MANAGEMENT SYSTEMS INC.

Principal Place of Business
90 MOONACHIE TETERBORO NJ 07608 US

Mailing Address
ATTN: TAX X81 P.O. BOX 591 MILWAUKEE WI 53201 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/11/1983

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
13-3336716

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip Country 25 Country 29 Zip Country 30

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **DP**
 NAME **GAMMON, FREDERICK D.**
 STREET ADDRESS **90 MOONACHIE AVE.**
 CITY-ST-ZIP **TETERBORO NJ**

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **VSD**
 NAME **YOUNG, LINDA B.**
 STREET ADDRESS **90 MOONACHIE AVE.**
 CITY-ST-ZIP **TETERBORO NJ**

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **DC** DELETE
 NAME **ROUNDY, PAUL V III**
 STREET ADDRESS **7315 N ATLANTIC AVE**
 CITY-ST-ZIP **CAPE CANAVERAL FL**

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE **AS** DELETE
 NAME **ADAMS, WILLIAM D**
 STREET ADDRESS **7315 N ATLANTIC AVE**
 CITY-ST-ZIP **CAPE CANAVERAL FL**

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE **D** DELETE
 NAME **BORDERS, C R**
 STREET ADDRESS **7315 N ATLANTIC AVE**
 CITY-ST-ZIP **CAPE CANAVERAL FL**

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE **T** DELETE
 NAME **TOMAINI, A F JR**
 STREET ADDRESS **7315 N ATLANTIC AVE**
 CITY-ST-ZIP **CAPE CANAVERAL FL**

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE:

[Signature] **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-99

Date

(414) 228-1200

Daytime Phone #

CR2E034 (1/98)