

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

**95 JUN 28 AM 9:19**

**DOCUMENT # P02037 (0)**

1. Corporation Name  
**THORN AUTOMATED SYSTEMS, INC.**

Principal Place of Business      Mailing Address  
**835 SHARON DR.  
WESLAKE OH 44145  
US**                                      **2751 CENTERVILLE RD.  
SUITE 205  
WILMINGTON DE 19808  
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		05/15/1984	02/07/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		22-2353379	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24	25	29	30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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. (if 02) Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, C. M	1.2 NAME	
STREET ADDRESS	835 SHARON DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	WESTLAKE OH	1.4 CITY - ST - ZIP	
TITLE	VPTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSEY, WILLIAM THOMAS	2.2 NAME	
STREET ADDRESS	835 SHARON DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	WESTLAKE OH	2.4 CITY - ST - ZIP	
TITLE	VP	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINI, E. JOSEPH	3.2 NAME	DELETE
STREET ADDRESS	835 SHARON DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	WESTLAKE OH	3.4 CITY - ST - ZIP	
TITLE	VPT	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, ROBERT C	4.2 NAME	DELETE
STREET ADDRESS	2751 CENTERVILLE RD, S205	4.3 STREET ADDRESS	
CITY - ST - ZIP	WILMINGTON DE	4.4 CITY - ST - ZIP	
TITLE	VPSD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWANSON, H. TODD, III	5.2 NAME	
STREET ADDRESS	835 SHARON DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	WESTLAKE OH	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	S.E. FINCHED FOR COMPLETE LIST
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)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. T. Ramsey      W. T. Ramsey      (216) 871-9900  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      (Include Phone #)

CR2E034 (3/95)



002037

Thorn Automated Systems, Inc.  
835 Sharon Drive  
Westlake, OH 44145  
Telephone: (216) 871-9900  
Facsimile: (216) 871-8320

**OFFICERS and DIRECTORS**

featuring Thorn Autocall life safety systems

**THORN AUTOMATED SYSTEMS, INC.**

C. Michael Jones  
835 Sharon Drive  
Westlake, OH 44145  
216/871-9900

President  
Chief Operating Officer  
Director

H. T. Swanson III  
835 Sharon Drive  
Westlake, OH 44145  
216/871-9900

Vice President Manufacturing & Admin.  
Secretary  
Director

W. T. Ramsey  
835 Sharon Drive  
Westlake, OH 44145  
216/871-9900

Vice President Finance  
Treasurer  
Director

Noel E. Morgan  
835 Sharon Drive  
Westlake, OH 44145  
216/871-9900

Vice President Engineering

Richard Baker  
835 Sharon Drive  
Westlake, OH 44145  
216/871-9900

Vice President Sales & Field  
Operations