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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P06995** (5)

1. Corporation Name
ECONOLITE CONTROL PRODUCTS, INC.

Principal Place of Business Mailing Address
3360 E. LA PALMA AVE. ANAHEIM CA 92806 **3360 E. LA PALMA AVE. ANAHEIM CA 92806**

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or qualified	3a. Date of Last Report
21		26		08/06/1985	05/01/1994
22		27		4. FEI Number	Applied For
23		28		95-3196532	Not Applicable
24		29		5. Certificate of Status Desired	
25		30		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		31		6. Election Campaign Financing Trust Fund Contribution	
27		32		<input type="checkbox"/> \$5.00 May Be Added to Fees <input type="checkbox"/>	
28		33		7. This corporation has liability for integrable under S. 199.002, Florida Statutes	
29		34		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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
85	Zip Code

FL

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 resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONDERDONK, S.R.	1.2 NAME	
STREET ADDRESS	3360 E. LA PALMA AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ANAHEIM CA	1.4 CITY - ST - ZIP	
TITLE	SDT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE, M.C.	2.2 NAME	
STREET ADDRESS	3360 E. LA PALMA AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	ANAHEIM CA	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPINAZZE, JEFF	3.2 NAME	Asst Secretary
STREET ADDRESS	3360 E LA PALMA AVE	3.3 STREET ADDRESS	Don Palmer
CITY - ST - ZIP	ANAHEIM CA	3.4 CITY - ST - ZIP	3360 E. La Palma Ave Anaheim, CA 92806
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALBRAITH, J.M	4.2 NAME	
STREET ADDRESS	2800 MISSION STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	SAN MARINO CA	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHENEY, J.H.	5.2 NAME	J.H. Cheney
STREET ADDRESS	1875 CENTURY PARK EAST, SUITE 900	5.3 STREET ADDRESS	42 Via Capri
CITY - ST - ZIP	LOS ANGELES CA	5.4 CITY - ST - ZIP	Rancho Palos Verdes, CA 90274
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, M.A.	6.2 NAME	
STREET ADDRESS	1341 PALOS VERDES DRIVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	PALOS VERDES ESTATES,	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 110.07(3)(k), Florida Statutes. I further certify that the information contained 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; that 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: Don Palmer DATE: 09/19/95 DAYTONS FEE: 714-6909700