

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

P.O. BOX 6150
ANAHEIM CA 92816-0150
US

3. Date Incorporated or Qualified
08/06/1985

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

95-3196532

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	ONDERDONK, S.R.	
STREET ADDRESS	3360 E. LA PALMA AVE.	
CITY-ST-ZIP	ANAHEIM CA	
TITLE	SDT	<input type="checkbox"/> DELETE
NAME	DOYLE, M.C.	
STREET ADDRESS	3360 E. LA PALMA AVE.	
CITY-ST-ZIP	ANAHEIM CA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	PALMER, DON	
STREET ADDRESS	3360 E LA PALMA AVE	
CITY-ST-ZIP	ANAHEIM CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GALBRAITH, J.M	
STREET ADDRESS	2600 MISSION STREET	
CITY-ST-ZIP	SAN MARINO CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHENEY, J H	
STREET ADDRESS	42 VIA CAPRI	
CITY-ST-ZIP	RANCHO PALOS VERDES CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, M.A.	
STREET ADDRESS	1341 PALOS VERDES DRIVE	
CITY-ST-ZIP	PALOS VERDES ESTATES	

1.1 TITLE	Asst Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Cleveland, Leslie	
1.3 STREET ADDRESS	3360 E La Palma Ave	
1.4 CITY-ST-ZIP	Anaheim, CA 92806	
2.1 TITLE	CEO, Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Doyle, M.C.	
2.3 STREET ADDRESS	3360 E. La Palma Ave	
2.4 CITY-ST-ZIP	Anaheim, CA 92806	
3.1 TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Palmer, Don	
3.3 STREET ADDRESS	3360 E. La Palma Ave	
3.4 CITY-ST-ZIP	Anaheim, CA 92806	
4.1 TITLE	COO, Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Metcalf, L.A.	
4.3 STREET ADDRESS	3360 E La Palma Ave	
4.4 CITY-ST-ZIP	Anaheim, CA 92806	
5.1 TITLE	Secretary, Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Doyle, Linda	
5.3 STREET ADDRESS	904 E. Camino Real	
5.4 CITY-ST-ZIP	Arcadia, CA 91006	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Leslie Cleveland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/96

Date

714 6909700

Daytime Phone #

CR2E034 (12/95)