

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90178 007 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P06995**

1. Corporation Name  
**ECONOLITE CONTROL PRODUCTS, INC.**

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

Mailing Address  
**P.O. BOX 6150  
 ANAHEIM CA 92816-0150  
 US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/06/1985**

4. FEI Number  
**95-3196532**

5. Certificate of Status Desired  Applied For  
 Not Applicable  
**\$8.75** Additional Fee Required

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

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

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip  
 29 Country

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  
**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOT E-Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEVELAND, LESLIE	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	DP	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	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, DON	3.2 NAME	
STREET ADDRESS	3360 E LA PALMA AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ANAHEIM CA	3.4 CITY-ST-ZIP	
TITLE	DVP	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	METCLAF, L A	4.2 NAME	
STREET ADDRESS	3360 E LA PALMA AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ANAHEIM CA	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE, LINDA	5.2 NAME	
STREET ADDRESS	1653 PERKINS DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA CA	5.4 CITY-ST-ZIP	
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	

W. Britt Doyle  
 3000 California St, #206  
 San Francisco, CA 94109

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: Leslie Cleveland 04/15/99 (714) 6309700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)