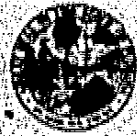


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 APR 11 PM 9:31**

**DOCUMENT # 513595 (9)**

1. Corporation Name  
**WELLS FARGO GUARD SERVICE INC. OF FLORIDA**

Principal Place of Business  
**5601 CORPORATE WAY  
SUITE 310  
WEST PALM BEACH FL 33407  
US**

Mailing Address  
**200 S MICHIGAN AVE  
CHICAGO IL 60604  
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/17/1976</b>	3a. Date of Last Report <b>03/29/1994</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>22-2128957</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	<b>FL</b>	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AUGUSTINE, J P</b>	1.2 NAME	
STREET ADDRESS	<b>1633 LITTLETON RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PARSIPPANY NJ</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WENTZ, JACK L</b>	2.2 NAME	<b>BLIGH, DIANA W.</b>
STREET ADDRESS	<b>200 S MICHIGAN</b>	2.3 STREET ADDRESS	<b>200 S. MICHIGAN AVE.</b>
CITY-ST-ZIP	<b>CHICAGO IL</b>	2.4 CITY-ST-ZIP	<b>CHICAGO, IL 60604</b>
TITLE	<b>VD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FARRELL, NEAL F.</b>	3.2 NAME	
STREET ADDRESS	<b>200 S. MICHIGAN AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>AT</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCGOVERN, B J</b>	4.2 NAME	<b>VELDMAN, SCOTT R.</b>
STREET ADDRESS	<b>200 S MICHIGAN AVE</b>	4.3 STREET ADDRESS	<b>200 S. MICHIGAN AVE.</b>
CITY-ST-ZIP	<b>CHICAGO IL</b>	4.4 CITY-ST-ZIP	<b>CHICAGO, IL 60604</b>
TITLE	<b>AS</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANFORD, HAROLD A.</b>	5.2 NAME	<b>WOOD, TIMOTHY W.</b>
STREET ADDRESS	<b>2 CAMPUS DR.</b>	5.3 STREET ADDRESS	<b>200 S. MICHIGAN AVE.</b>
CITY-ST-ZIP	<b>PARSIPPANY NJ</b>	5.4 CITY-ST-ZIP	<b>CHICAGO, IL 60604</b>
TITLE	<b>P</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALL, J P, JR</b>	6.2 NAME	
STREET ADDRESS	<b>425 ORANGE AVE.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GREEN COVE SPRINGS FL</b>	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)(b), 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: *Diana W. Bligh* **Diana W. Bligh Asst. Secretary 4/5/95 312 322-8500**

513595

**WELLS FARGO GUARD SERVICE, INC. OF FLORIDA**  
EIN: 22-2128957

**OFFICERS**

Name & Business Address

President	John P. Hall 5601 Corporate Way Suite 310 W. Palm Beach, FL 33407
Vice President & Asst. Treasurer	Neal F. Farrell 780 Fifth Ave. King Of Prussia, PA 19406
Asst. Secretary	Diana W. Bligh 200 S. Michigan Ave. Chicago, IL 60604
Treasurer	VACANT
Asst. Treasurer	Scott R. Veldman 200 S. Michigan Ave. Chicago, IL 60604
Asst. Treasurer	Charles E. Keller Two Campus Drive Parsippany, NJ 07054

**DIRECTORS**

Joseph P. Augustine	2 Campus Drive, Parsippany, NJ 07054
Neal F. Farrell	780 Fifth Ave., King of Prussia, PA 19406
John D. O'Brien	Two Campus Dr., Parsippany, NJ 07054
Donald C. Trauscht	200 S. Michigan Avenue, Chicago, IL 60604