

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified: 09/17/1976
3a. Date of Last Report: 04/11/1995
4. FEI Number: 22-2128957
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUGUSTINE, J P	1.2 NAME	
STREET ADDRESS	1633 LITTLETON RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PARSIPPANY NJ	1.4 CITY-ST-ZIP	
TITLE	AS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLIGH, DIANA W	2.2 NAME	
STREET ADDRESS	3200 S. MICHIGAN AVE.	2.3 STREET ADDRESS	
	CHICAGO IL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRELL, NEAL F.	3.2 NAME	O'BRIEN, JOAN D.
STREET ADDRESS	200 S. MICHIGAN AVE.	3.3 STREET ADDRESS	200 S MICHIGAN AVE
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	CHICAGO IL 60604
TITLE	AT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELDMAN, SCOTT R	4.2 NAME	
STREET ADDRESS	200 S MICHIGAN AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, TIMOTHY W	5.2 NAME	000001806100
STREET ADDRESS	200 S. MICHIGAN AVE.	5.3 STREET ADDRESS	-05/03/96--01014--037
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	***200.00
TITLE	P	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, J P, JR	6.2 NAME	
STREET ADDRESS	425 ORANGE AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	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: Diana W Bligh Asst. Secretary 4-26-96 312 322-8735
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)