

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

**FILED**  
**Apr 23 1997 8:00 am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT **1997**



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

**DOCUMENT # 821905 (7)**  
 1. Corporation Name  
**SENSORMATIC ELECTRONICS CORPORATION**



Principal Place of Business: **851 YAMATO ROAD BOCA RATON FL 33431-0700 US**  
 Mailing Address: **850 YAMATO ROAD BOCA RATON FL 33431-4426 US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/03/1968</b>	3a. Date of Last Report <b>05/01/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>34-1024665</b>	Applied For 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. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>THE PRENTICE-HALL CORPORATION SYSTEM INC</b> <b>1201 HAYES ST</b> <b>SUITE 105</b> <b>TALLAHASSEE FL 32301</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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	<b>CEO</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>President CEO</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ASSAF, RONALD G.</b>	1.2 NAME	<b>Vanourek, Robert A.</b>
STREET ADDRESS	<b>951 YAMATO ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>Senior VP/Chief Financial Officer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LINEBERGER, JAMES E.</b>	2.2 NAME	<b>Pierce, Garrette E.</b>
STREET ADDRESS	<b>951 YAMATO OAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>VP Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MILNES, DR. ARTHUR G.</b>	3.2 NAME	<b>De Cook, Richard C.</b>
STREET ADDRESS	<b>951 YAMATO ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>VP Corporate Counsel Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEWINE, JEROME M.</b>	4.2 NAME	<b>Engdahl, Walter A.</b>
STREET ADDRESS	<b>951 YAMATO ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VPT</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FLORES, MIGUEL A.</b>	5.2 NAME	<b>Assaf, Ronald G.</b>
STREET ADDRESS	<b>500 NW 12TH AVE.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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, if an address.

SIGNATURE: *[Signature]* **V.P. Treasurer** Date: **4/16/97** Daytime Phone #: **(561) 989-7000**

CR2E034 (9/96)