

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90092 023 \*\*\*150.00

0098264

**DOCUMENT # 821905**

1. Entity Name  
**SENSORMATIC ELECTRONICS CORPORATION**

Principal Place of Business <b>951 YAMATO ROAD          BOCA RATON FL 33431-0700          US</b>	Mailing Address <b>951 YAMATO ROAD          MS C-63          BOCA RATON FL 33431          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>34-1024665</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>THE PRENTICE-HALL CORPORATION SYSTEM INC          1201 HAYES ST          SUITE 105          TALLAHASSEE FL 32301</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME	PCEO VANOUREK, ROBERT A.	<input checked="" type="checkbox"/> Delete		TITLE NAME	PCEO PER OLOF	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	951 YAMATO ROAD			STREET ADDRESS	951 Yamato Road		
CITY-ST-ZIP	BOCA RATON FL			CITY-ST-ZIP	BOCA RATON FL 33431		
TITLE NAME	SVPC PIERCE, GARRETTE E.	<input checked="" type="checkbox"/> Delete		TITLE NAME	SVPC Gregory Thompson	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	951 YAMATO OAD			STREET ADDRESS	951 Yamato Road		
CITY-ST-ZIP	BOCA RATON FL			CITY-ST-ZIP	BOCA RATON FL 33431		
TITLE NAME	VPCS ENGD AHL, WALTER A.	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	951 YAMATO ROAD			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL			CITY-ST-ZIP			
TITLE NAME	D ASSAF, RONALD G.	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	500 NW 12TH AVE.			STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL			CITY-ST-ZIP			
TITLE NAME	D LINEBERGER, JAMES E	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	951 YAMATO ROAD			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33431			CITY-ST-ZIP			
TITLE NAME	D VANOUREK, ROBERT A	<input checked="" type="checkbox"/> Delete		TITLE NAME	Richard Myers	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	951 YAMATO RD			STREET ADDRESS	951 Yamato Road		
CITY-ST-ZIP	BOCA RATON FL 33431			CITY-ST-ZIP	BOCA RATON FL 33431		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)