

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90249 031 \*\*\*150.00

**DOCUMENT # F93000001892**

1. Entity Name  
**ADT GLOBAL SERVICES, INC.**

Principal Place of Business <b>TWO PENNSYLVANIA PLAZA NEW YORK NY 10121</b>	Mailing Address <b>2 PENNSYLVANIA PLAZA 26TH FLOOR NEW YORK NY 10121-2600</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>13-3712961</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**THE PRENTICE HALL CORPORATION SYSTEM, INC.  
 1201 HAYES STREET  
 SUITE 105  
 TALLAHASSEE FL 32301**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS FROM 11	
TITLE <del>D</del>	<del>ABLON, RICHARD R</del> <input checked="" type="checkbox"/> Delete	TITLE <b>VP/TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>TWO PENNSYLVANIA PLAZA</del>	NAME <b>WILLIAM J. METZGER</b>	
STREET ADDRESS	<del>NEW YORK NY 10121-0032</del>	STREET ADDRESS <b>TWO PENNSYLVANIA PLAZA</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>NEW YORK NY 10121-0032</b>	
TITLE	<b>DVS</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLEN, PETER</b>	NAME	
STREET ADDRESS	<b>TWO PENNSYLVANIA PLAZA</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10121</b>	CITY-ST-ZIP	
TITLE	<del>DVT</del> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>DIGIA, ROBERT</del>	NAME	
STREET ADDRESS	<del>TWO PENNSYLVANIA PLAZA</del>	STREET ADDRESS	
CITY-ST-ZIP	<del>NEW YORK NY 10121</del>	CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LASSWELL, JAMES B</b>	NAME	
STREET ADDRESS	<b>10151 BARNES CANYON ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SAN DIEGO CA 92121</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HENRY, ROBERT DOUGLAS</b>	NAME	
STREET ADDRESS	<b>10151 BARNES CANYON ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SAN DIEGO CA 92121</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **PETER ALLEN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03 / 29 / 00 (212) 868-6000**  
Date Daytime Phone #

CR2E034 (9/99)