

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

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| PROFIT CORPORATION ANNUAL REPORT 1996 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # F94000003273 (9)

1. Corporation Name

SENTRY ALARM SYSTEMS OF AMERICA, INC.



| | |
|--|--|
| Principal Place of Business 520 HOWARD COURT CLEARWATER FL 34616 | Mailing Address 520 HOWARD COURT CLEARWATER FL 34616 |
|--|--|

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 06/21/1994 | 3a. Date of Last Report 05/01/1995 |
|---|---------------------------------------|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
|--------------------------------|---------------------|

| | |
|----|----|
| 21 | 26 |
|----|----|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|----|----|
| 22 | 27 |
|----|----|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | |
|----|----|
| 23 | 28 |
|----|----|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | | | |
|----|----|----|----|
| 24 | 25 | 29 | 30 |
|----|----|----|----|

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|---|-------------------------------|
| 4. FEI Number -APPLIED FOR- 59-3249187 | Applied For Not Applicable |
|---|-------------------------------|

| | |
|---|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|-----------------------------------|

| | |
|--|--------------------------------|
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|--------------------------------|

| |
|---|
| 8. This corporation has liability for intangible tax under s. 199.032, 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 105
TALLAHASSEE FL 32301

| | | |
|----|--|----------|
| 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-----------------|-------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | FRIELING, JOHN B | |
| STREET ADDRESS | ONE INTERNATIONAL PLACE | |
| CITY - ST - ZIP | BOSTON MA | |

| | | |
|---------------------|-----------------|--|
| 1.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | CARTER, DAVID | |
| 1.3 STREET ADDRESS | 3809 Beryl Road | |
| 1.4 CITY - ST - ZIP | Raleigh NC | |

| | | |
|-----------------|-------------------------|---------------------------------|
| TITLE | CD | <input type="checkbox"/> DELETE |
| NAME | BARRY, DAVID A | |
| STREET ADDRESS | ONE INTERNATIONAL PLACE | |
| CITY - ST - ZIP | BOSTON MA | |

| | | |
|---------------------|-------------------------------|--|
| 2.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | LYNCH, JONATHAN | |
| 2.3 STREET ADDRESS | 380 Madison Avenue-12th Floor | |
| 2.4 CITY - ST - ZIP | New York NY | |

| | | |
|-----------------|------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | ROONEY, JOHN J | |
| STREET ADDRESS | 520 HOWARD COURT | |
| CITY - ST - ZIP | CLEARWATER FL | |

| | | |
|---------------------|------------------|--|
| 3.1 TITLE | S/T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | SNYDER, NANCY G. | |
| 3.3 STREET ADDRESS | 520 Howard Court | |
| 3.4 CITY - ST - ZIP | Clearwater FL | |

| | | |
|-----------------|-----------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | PERUZZI, JOHN | |
| STREET ADDRESS | ONE CHASE PLAZA - 8TH FLOOR | |
| CITY - ST - ZIP | NEW YORK NY | |

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|---------------------|--|---|
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |

| | | |
|-----------------|------------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HAIN, J T | |
| STREET ADDRESS | 100 NORTH TYRON STREET - 7TH FLOOR | |
| CITY - ST - ZIP | CHARLOTTE NC | |

| | | |
|---------------------|-----------------------|---|
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | 800001801988 | |
| 5.4 CITY - ST - ZIP | -04/30/96--01108--024 | |

| | | |
|-----------------|----------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | COLLIER, COLBY | |
| STREET ADDRESS | 650 CIT DRIVE | |
| CITY - ST - ZIP | LIVINGSTON NJ | |

| | | |
|---------------------|-----------|---|
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | ***200.00 | |
| 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: *Nancy G. Snyder VP Finance/Treasurer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96
Date

8134413999
Daytime Phone

CR2E034 (12/95)

PM 4-30-96