

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

FILED

May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000006764 (2)

1. Corporation Name
WESTSEC, INC.



Principal Place of Business

818 KANSAS AVE
TOPEKA KS 66612

Mailing Address

818 KANSAS AVE
TOPEKA KS 66612-1203

3. Date Incorporated or Qualified
12/24/1996

3a. Date of Last Report

4. FEI Number
75-2683068

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 818 South Kansas Avenue

2a. Mailing Address

26 818 South Kansas Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MILLSTEIN, STEVEN A	
STREET ADDRESS	818 KANSAS AVE	
CITY - ST - ZIP	TOPEKA KS 66612	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DALTON, MARILYN K	
STREET ADDRESS	818 KANSAS AVE	
CITY - ST - ZIP	TOPEKA KS 66612	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUELLE, MARK A	
STREET ADDRESS	818 KANSAS AVE	
CITY - ST - ZIP	TOPEKA KS 66612	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KITCHEN, STEVEN L	
STREET ADDRESS	818 KANSAS AVE	
CITY - ST - ZIP	TOPEKA KS 66612	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSENBERG, JOHN K	
STREET ADDRESS	818 KANSAS AVE	
CITY - ST - ZIP	TOPEKA KS 66612	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	818 South Kansas Avenue
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	818 South Kansas Avenue
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	Rita A. Sharpe
3.4 CITY - ST - ZIP	818 South Kansas Avenue Topeka, KS 66612
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	818 South Kansas Avenue
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	818 South Kansas Avenue
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 with an address.

SIGNATURE: *Marilyn K. Dalton* Marilyn K. Dalton 04-16-97 (913)575-6343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0011470

CR2E034 (9/96)