

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

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000003905 (3)
 1. Corporation Name
TESA SECURITY SYSTEMS, INC.

Principal Place of Business 2714 APPLE VALLEY RD ATLANTA GA 30319	Mailing Address 2714 APPLE VALLEY RD ATLANTA GA 30319
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2100A Nancy Hanks Drive Suite, Apt. #, etc.		2a. Mailing Address 26 2100A Nancy Hanks Drive Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/25/1997	
22 City & State 23 Norcross GA		27 City & State 28 Norcross GA		4. FEI Number 51-0346174 Applied For Not Applicable	
24 Zip 30071		25 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip 30071		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code FL	

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	D <input type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GASPARINI, ROBERT L	1.2 NAME	AQUILINO, ROBERT M.
STREET ADDRESS	555 THEODORE FREMD AVE	1.3 STREET ADDRESS	2100A NANCY HANKS DRIVE
CITY-ST-ZIP	RYE NY 10580	1.4 CITY-ST-ZIP	NORCROSS GA 30071
TITLE	PSD <input type="checkbox"/> DELETE	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNON, JOHN F	2.2 NAME	HANNON, JOHN F.
STREET ADDRESS	700 NICKERSON RD	2.3 STREET ADDRESS	700 NICKERSON ROAD
CITY-ST-ZIP	MARLBOROUGH MA 01752	2.4 CITY-ST-ZIP	MARLBOROUGH MA 01752
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HITSON, JACK	3.2 NAME	
STREET ADDRESS	2714 APPLE VALLEY RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30319	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLAWECKI, JUDE	4.2 NAME	
STREET ADDRESS	2714 APPLE VALLEY RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30319	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: _____

[Handwritten Signature]

2/29/98

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CR2E034 (10/97)