

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90339 019 ***150.00

DOCUMENT # P07558

1. Entity Name
NETWORK MULTI-FAMILY SECURITY CORPORATION



Principal Place of Business
**4221 W. JOHN CARPENTER FREEWAY
IRVING, TX 75063 US**

Mailing Address
**4221 W. JOHN CARPENTER FREEWAY
~~SUITE 440~~
IRVING, TX 75063 US**

50040182



04112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2050133

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLIAMS, STEVE
STREET ADDRESS	4221 W JOHN CARPENTER FRWY
CITY-ST-ZIP	IRVING, TX 75063
TITLE	VPST
NAME	PARKER, STEPHEN D
STREET ADDRESS	4221 W. JOHN CARPENTER FRWY
CITY-ST-ZIP	IRVING, TX 75063
TITLE	VP
NAME	JAMES, KELLY
STREET ADDRESS	4221 W. JOHN CARPENTER FRWY
CITY-ST-ZIP	IRVING, TX 75063
TITLE	D
NAME	SOMMA, ANTHONY D
STREET ADDRESS	4221 W. JOHN CARPENTER FRWY
CITY-ST-ZIP	IRVING, TX 75063
TITLE	VP
NAME	WHIPPLE, CHRISTOPHER J
STREET ADDRESS	4221 W. JOHN CARPENTER FRWY
CITY-ST-ZIP	IRVING, TX 75063
TITLE	AST
NAME	COUCH, CYNTHIA
STREET ADDRESS	4221 W JOHN CARPENTER FRWY
CITY-ST-ZIP	IRVING, TX 75063

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SRVP Secretary/Treasurer

Date

4/12/05

Daytime Phone #

214-277-7000