

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

**FILED**

**Apr 10 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P18877 (1)**  
1. Corporation Name  
**WELLS FARGO ALARM SERVICES, INC.**



Principal Place of Business <b>780 FIFTH AVE KING OF PRUSSIA PA 19406 US</b>	Mailing Address <b>200 S MICHIGAN AVE CHICAGO IL 60604-2402 US</b>
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3. Date Incorporated or Qualified <b>04/18/1988</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>13-3404720</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. 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	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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	WOOD, TIMOTHY M.	
STREET ADDRESS	200 SO MICHIGAN AVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STEHOUWER, JAMES R	
STREET ADDRESS	780 FIFTH AVE.	
CITY-ST-ZIP	KING OF PRUSSIA PA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BLIGH, DIANA W	
STREET ADDRESS	200 S. MICHIGAN	
CITY-ST-ZIP	CHICAGO IL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	TERHUNE, J. MICHAEL	
STREET ADDRESS	780 FIFTH AVE.	
CITY-ST-ZIP	KING OF PRUSSIA PA	
TITLE	ASV	<input type="checkbox"/> DELETE
NAME	MILLINGER, D.M.	
STREET ADDRESS	2128 SPRING STREET	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	VELDMAN, SCOTT R	
STREET ADDRESS	200 S. MICHIGAN AVE.	
CITY-ST-ZIP	CHICAGO IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
2.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2. NAME	
2.3. STREET ADDRESS	
2.4. CITY-ST-ZIP	
3.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2. NAME	
3.3. STREET ADDRESS	
3.4. CITY-ST-ZIP	
4.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2. NAME	
4.3. STREET ADDRESS	
4.4. CITY-ST-ZIP	
5.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2. NAME	
5.3. STREET ADDRESS	
5.4. CITY-ST-ZIP	
6.1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2. NAME	<b>TREASURER</b>
6.3. STREET ADDRESS	<b>COOPER, BRIAN S.</b>
6.4. CITY-ST-ZIP	<b>200 S. MICHIGAN AVE CHICAGO IL 60604</b>

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: *Diana W. Bligh* **Diana W. Bligh** 3/31/97 312 322-8500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)