

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

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**Apr 10 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 # P18877 (1)**  
1. Corporation Name  
**WELLS FARGO ALARM SERVICES, INC.**



Principal Place of Business: **780 FIFTH AVE KING OF PRUSSIA PA 19406 US**  
Mailing Address: **200 S MICHIGAN AVE CHICAGO IL 60604-2402 US**

3. Date Incorporated or Qualified: **04/18/1988**  
3a. Date of Last Report: **05/01/1996**  
4. FEI Number: **13-3404720**  
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. State, Apt. #, etc. 22. City & State 23. Zip 24. Country 25. Mailing Address: 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country 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 **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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11. TITLE	12. NAME
<input type="checkbox"/> DELETE	<b>S WOOD, TIMOTHY M. 200 SO MICHIGAN AVE CHICAGO IL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	<b>V STEHOUWER, JAMES R 780 FIFTH AVE. KING OF PRUSSIA PA</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	<b>AS BLYGH, DIANA W 200 S. MICHIGAN CHICAGO IL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	<b>P TERHUNE, J. MICHAEL 780 FIFTH AVE. KING OF PRUSSIA PA</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	<b>ASV MILLINGER, D.M. 2128 SPRING STREET PHILADELPHIA PA</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> DELETE	<b>AT VELDMAN, SCOTT R 200 S. MICHIGAN AVE. CHICAGO IL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>TREASURER COOPER, BRIAN S. 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** 3/31/97 312 322-8500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)