

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED
 95 MAY -1 PH 12:59
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P35461 (3)
 1. Corporation Name
~~SMART PROTECTION SECURITY, INC.~~
Westinghouse Security Systems, Inc.

Principal Place of Business Mailing Address
 545 E. JOHN CARPENTER FREEWAY, SUITE 1000 IRVING TX 75062
 545 E. JOHN CARPENTER FREEWAY, SUITE 1000 IRVING TX 75062

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

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified 09/10/1991 3a. Date of Last Report 04/07/1994
 4. FEI Number 75-2383460 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 USCF, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 BLUMER, RANDY
 12108 N. 58TH STREET
 SUITE D
 TAMPA FL 33617

10. Name and Address of New Registered Agent
 81 Name The Prentice-Hall Corporation Sys., Inc.
 82 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street, Ste. 105
 83
 84 Tallahassee FL 85 Zip Code 32301

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 of 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: *Amy Hopson* Amy Hopson, Asst Secretary 5-15-95

12. OFFICERS AND DIRECTORS

TITLE	PC
NAME	CAMPBELL, RICHARD
STREET ADDRESS	545 E JON CARPENTER FRWY S1000
CITY, ST, ZIP	IRVING TX
TITLE	VD
NAME	OHM, ROBERT
STREET ADDRESS	545 E JOHN CARPENTER FRWY S1000
CITY, ST, ZIP	IRVING TX
TITLE	VD
NAME	O'KEEFE, SEAN
STREET ADDRESS	545 E JOHN CARPENTER FRWY S1000
CITY, ST, ZIP	IRVING TX
TITLE	VDST
NAME	SHIPWITZ, JAY
STREET ADDRESS	545 E JOHN CARPENTER FRWY S1000
CITY, ST, ZIP	IRVING TX
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	Renee T. Kingstey	
3. STREET ADDRESS	545 E. Carpenter Frwy Ste 1000	
4. CITY, ST, ZIP	Irving, TX 75062	
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

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REMITTED BY *[Signature]*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 11D 072(b), 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 in person. 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 of this report or on an attachment with an address.

SIGNATURE: *Richard S. Campbell* Richard S. Campbell 4/28/95 214-830-1600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR