

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006667

Entity Name: ALARM FUNDING ASSOCIATES, LLC**Current Principal Place of Business:**10706 BEAVER DAM ROAD, STE 201
COCKEYSVILLE, MD 21030**Current Mailing Address:**10706 BEAVER DAM ROAD, STE 201
COCKEYSVILLE, MD 21030**FEI Number:** 26-1366076**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

| | |
|-----------------|-----------------------------------|
| Title | MGRM |
| Name | KEYSER ALARM FUNDING HOLDING, LLC |
| Address | 10706 BEAVER DAM ROAD, STE 201 |
| City-State-Zip: | COCKEYSVILLE MD 21030 |

| | |
|-----------------|--------------------------------|
| Title | MGRM |
| Name | WESTHOFF, GREGORY |
| Address | 10706 BEAVER DAM ROAD, STE 201 |
| City-State-Zip: | COCKEYSVILLE MD 21030 |

| | |
|-----------------|--------------------------------|
| Title | MGRM |
| Name | MONACHINO, JOSEPH |
| Address | 10706 BEAVER DAM ROAD, STE 201 |
| City-State-Zip: | COCKEYSVILLE MD 21030 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH J POLSELLI**CONTROLLER****03/20/2014**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date