SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 AM 4:22

DOCUMENT # 842239 (6)

1. Corporation Name

STEWART-DECATUR SECURITY SYSTEMS, INC.

Principal Place of Business	Mailing Address
1445 JAMIKE LANE SUITE 100 ERLANGER KY 41018 US	POB 18700 PO BOX 18700 ERLANGER KY 41018 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/28/1978
3a. Date of Last Report: 05/01/1994
4. FEI Number: 74-1844973 ☐ 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 ____ Suite, Apt. #, etc.: 22 ____ City & State: 23 ____ Zip: 24 ____ Country: 25 ____
2a. 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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition
NAME	JEWETT, III, EDGAR B.	1.2 NAME	GREENE, ROGER
STREET ADDRESS	1445 JAMIKE LANE, SUITE 100	1.3 STREET ADDRESS	16300 W. 103RD. STREET
CITY-ST-ZIP	ERLANGER KY	1.4 CITY-ST-ZIP	LEMONT, IL 60439
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	DAVIS, MARVIN A	2.2 NAME	SHAYKIN, ROBERT
STREET ADDRESS	16300 WEST 103RD ST	2.3 STREET ADDRESS	375 PARK AVENUE - SUITE 1401
CITY-ST-ZIP	LEMONT IL	2.4 CITY-ST-ZIP	NEW YORK, NY 10152
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	GORECKI, JOSEPH	3.2 NAME	
STREET ADDRESS	16300 WEST 103RD STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEMONT IL	3.4 CITY-ST-ZIP	
TITLE	AST	4.1 TITLE	☒ Change ☐ Addition
NAME	FARNHAM, DENNIS L.	4.2 NAME	COOK, ERNEST D.
STREET ADDRESS	1445 JAMIKE LANE, SUITE 100	4.3 STREET ADDRESS	1445 JAMIKE LANE - SUITE 100
CITY-ST-ZIP	ERLANGER KY	4.4 CITY-ST-ZIP	ERLANGER, KY 41018
TITLE		5.1 TITLE	VP ☐ Change ☒ Addition
NAME		5.2 NAME	SPEGAL, MELVIN J.
STREET ADDRESS		5.3 STREET ADDRESS	1445 JAMIKE LANE - SUITE 100
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ERLANGER, KY 41018
TITLE		6.1 TITLE	VP ☐ Change ☒ Addition
NAME		6.2 NAME	THRASHER, C. KEITH
STREET ADDRESS		6.3 STREET ADDRESS	1445 JAMIKE LANE - SUITE 100
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ERLANGER, KY 41018

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 119.07(3)(k), 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: Ernest D. Cook — 08/03/95 — 606/371-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

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