

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90122 025 ***150.00

DOCUMENT # 849063

1. Entity Name
ADT SPECIALTY AUCTIONS, INC.

Principal Place of Business

Mailing Address

**C/O ADT AUTOMOTIVE INC.
 435 METROPLEX DRIVE
 NASHVILLE TN 37211
 US**

**ONE TOWN CENTER ROAD
 BOCA RATON FL 33486
 US**

DUU41004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1400 LAKE HEARN DR.
 Suite, Apt. #, etc.

1400 LAKE HEARN DR.
 Suite, Apt. #, etc.

CORP. TAX. DEPARTMENT

CORP. TAX DEPT.

City & State
ATLANTA, GA

City & State
ATLANTA, GA

4. FEI Number **38-1962772**

Applied For
 Not Applicable

Zip
30319

Country
USA

Zip
30319

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RICHARDSON, MICHAEL J. 435 METROPLEX DR. NASHVILLE TN | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP REESE, LARRY C. 435 METROPLEX DRIVE NASHVILLE TN 37211 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BUZZELL, JAMES R. 435 METROPLEX DR. NASHVILLE TN 37211 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TS BUZZELL, JAMES R. 435 METROPLEX DR. NASHVILLE TN | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT ROBINSON, MICHAEL A. 1750 CLINT MOORE RD BOCA RATON FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS LENAR, JEFFREY J. 435 METROPLEX DR NASHVILLE TN 37211 | <input type="checkbox"/> Delete |

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/P DEAN H. EISNER 1400 LAKE HEARN DR. ATLANTA, GA 30319 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/VP DARRYL M. BECOLI 1400 LAKE HEARN DR. ATLANTA, GA 30319 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP/T/D ROBERT E. GARTIN 1400 LAKE HEARN DR. ATLANTA, GA 30319 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/D ANDREW A. MERDER 1400 LAKE HEARN DR. ATLANTA, GA 30319 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-01 Date **404-843-5000** Daytime Phone

03250502

CR2E034 (10/00)