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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000004329 (9)

INTERCON SECURITY, INC.

FILED Aug 19 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 212 WEST VAN BUREN STREET CHICAGO IL 60607 Mailing Address CHICAGO IL 60607-3903									
					 Date Incorporated or Qualified 09/24/1993 	1	te of La 25/199	st Report	
2. Principal Place of Business 21 23 W, 22 No ST 26							Applied Not Appl		
Sulte, Apt.	*.etc. STE 201	Suite, Apt. #, etc.			5. Certificate of Status Desired			75 Additio e Required	
City & Stat	OAK BROOK IL	_ 			Election Campaign Financing Trust Fund Contribution			00 May Elect to Fee:	
24 Zip	521 Country	Zip 29	.Countr	у	8. This corporation has liability for Florida Statutes	intangible Yes		ers 199.0)32,
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered	Agent		
	PRENTICE-HALL CORPORATION	I SYSTEM, INC.	81	Name					
	1 Hayes St. Te 105		82		iress (P.O. Box Number is Not Accepta	blo)			
	LAHASSEE FL 32301		83						
			84	City		FL	85	Zip Code	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NO	IF Registered Ag		plianter summer may accert the following board of directors. I hereby acce	DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	CERS AND			
TITLE NAME	PCD LEGGE, BRIAN E	☐ DELETE	1.1 TITLE 1.2 NAME				[] Chai	ige L	Addilion
STREET ADDRESS	RR 3			1 ADDRESS					
CITY-ST-ZIP	STOUFFVILLE, ONT., CANADA		1.4 C/TY-	i i					
TITLE	VD	DELETE	2.1 TITLE			-	Char	ige 🔲 A	Addition
NAME	GRANGE, RICHARD A		2.2 NAME						
STREET ADDRESS	16 ERICA ROAD		2.3 STREE	T ADDRESS		•			
CITY-ST-ZIP	THORNVILLE, ONT., CANADA	DELETE	2 4 CITY-	S1 - ZIP			F104-		N elektri
TITLE NAME	VD LETTHER, MARTIN	☐ DELETE	3.1 TITLE 3.2 NAME				L Char	դրժ 14	Addition
STREET ADDRESS	1101 FROGUOIS AUB APT#12	08	1	T ADDRESS					
CITY-ST-ZIP	NAPERVILLE IL	·- •	3.4. CHY-						
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STREET ADDRESS				T ADDRESS					
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NAME			6.2 NAME						-Jung Off
STREET ADDRESS				F ADDRESS					
CITY-ST-ZIP			64 CITY-						

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 logal effect as if made under oath; that I am an officer or director of 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 (changed, or on an attachment with an address.

REJEGGE