

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F9400000907 (5)

1. Corporation Name

U.S. SECURITY ASSOCIATES, INC.

Principal Place of Business

Mailing Address

89 HEADQUARTERS PLAZA, 4TH FL.
MORRISTOWN NJ 07960

89 HEADQUARTERS PLAZA, 4TH FL.
MORRISTOWN NJ 07960

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
02/23/1994

3a. Date of Last Report
4-15-94

4. FEI Number
22-3262806

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SCHNEIDER, CHARLES R
STREET ADDRESS 89 HEADQUARTERS PLAZA, 14TH FL.
CITY-ST-ZIP MORRISTOWN NJ

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME ORINGER, KENNETH W
STREET ADDRESS 89 HEADQUARTERS PLAZA, 14TH FL.
CITY-ST-ZIP MORRISTOWN NJ

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME THOMA, CARL D
STREET ADDRESS 120 LASALLE STREET
CITY-ST-ZIP CHICAGO IL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME DONNINI, DAVID A
STREET ADDRESS 120 LASALLE STREET
CITY-ST-ZIP CHICAGO IL

4.1 TITLE Change Addition
4.2 NAME L. MITCHELL
4.3 STREET ADDRESS 120 LASALLE ST.
4.4 CITY-ST-ZIP CHICAGO, IL.

TITLE D
NAME CRESSEY, BRYAN C
STREET ADDRESS 120 LASALLE STREET
CITY-ST-ZIP CHICAGO IL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 110.07(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:

Kenneth W. Oringer
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR
KENNETH W. ORINGER

4-20-95

409-27-1110

Date

Telephone Number