

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000000907 (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

3. Date Incorporated or Qualified
02/23/1994

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 **2964 PEACHTREE RD NE**

26 **2964 PEACHTREE RD NE**

4. FEI Number

22-3262806

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **STE 200**

27 **STE 200**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 **ATLANTA GA**

28 **ATLANTA GA**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 **30305** 25 Country

29 **30305** 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, CHARLES R	
STREET ADDRESS	89 HEADQUARTERS PLAZA, 14TH FL.	
CITY-ST-ZIP	MORRISTOWN NJ	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ORINGER, KENNETH W	
STREET ADDRESS	89 HEADQUARTERS PLAZA, 14TH FL.	
CITY-ST-ZIP	MORRISTOWN NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMA, CARL D	
STREET ADDRESS	120 LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MITCHELL, L.	
STREET ADDRESS	120 LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRESSEY, BRYAN C	
STREET ADDRESS	120 LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2964 PEACHTREE RD NE STE 200
1.4 CITY-ST-ZIP	ATLANTA, GA 30305
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2964 PEACHTREE RD NE STE 200
2.4 CITY-ST-ZIP	ATLANTA, GA 30305
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	6100 SEARS TOWER
3.4 CITY-ST-ZIP	CHICAGO, IL 60606
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	6100 SEARS TOWER
4.4 CITY-ST-ZIP	CHICAGO, IL 60606
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	6100 SEARS TOWER
5.4 CITY-ST-ZIP	CHICAGO, IL 60606
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Kenneth W. Oringer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-96

404-231-120

Date

Daytime Phone #

CR2E034 (12/95)