FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 JAN 26 PM 3:20

DOCUMENT # **F94000002028 (8)**

1. Corporation Name
EFFECTIVE SECURITY SYSTEMS, INC.

Principal Place of Business	Mailing Address
ONE BROCKWAY PLACE WHITE PLAINS NY 10601	ONE BROCKWAY PLACE WHITE PLAINS NY 10601

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/20/1994
3a. Date of Last Report:

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):

4. FEI Number: 13-2766170 ☐ 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

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., #105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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	DC	1.1 TITLE		☒ Change ☐ Addition
NAME	COLIN, GEORGE	1.2 NAME	DELETE	
STREET ADDRESS	19 GREYSTONE CIRCLE	1.3 STREET ADDRESS		
CITY-ST-ZIP	BRONXVILLE NY 10706	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE	P C D	☒ Change ☐ Addition
NAME	DIAMOND, ROBERT M	2.2 NAME		
STREET ADDRESS	WESTERLEIGH RD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	PURCHASE NY 10577	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	COLIN, LARRY	3.2 NAME		
STREET ADDRESS	173 GUARD HILL RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	MT KISCO NY 10549	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	COLIN, JAY	4.2 NAME		
STREET ADDRESS	INDIAN HEAD RD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	RIVERSIDE CT 06878	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	BLUM, BERNARD	5.2 NAME		
STREET ADDRESS	10 SPARROW CIRCLE	5.3 STREET ADDRESS		
CITY-ST-ZIP	WHITE PLAINS NY 10605	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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 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 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1/12/95 (914) 328-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0464370 PN