

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000004787 (7)

1. Corporation Name

SECURACOM, INCORPORATED

Principal Place of Business

50 TICE BLVD.
WOODCLIFF LAKE NJ 07675

Mailing Address

50 TICE BLVD.
WOODCLIFF LAKE NJ 07675



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

09/15/1994

3a. Date of Last Report

03/07/1995

4. FEI Number

22-2817302

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD

THOMAS, RONALD C

50 TICE BLVD.

WOODCLIFF LAKE NJ 07675

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

S

MINDES, JANET

2600 VIRGINIA AVE., N.W.

WASHINGTON DC 20037

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

T

BEHAN, KERRY K

50 TICE BLVD.

WOODCLIFF LAKE NJ 07675

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

WALKER, WIRT D III

2600 VIRGINIA AVE.

WASHINGTON DC 20037

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

BUSH, MARVIN

225 REINEKERS LN.

ALEXANDRIA VA 22314

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☒ Change

☐ Addition

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☐ Addition

☒ Change

☒ Addition

DULAK, KEVIN F.

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***200.00

VP/DIRECTOR
SANDER, CHARLES C.
50 TICE BLVD.
WOODCLIFF LAKE, NJ 07675

5-1-96
JK

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:

Kevin F. Dulak KEVIN F. DULAK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96

Date

201-930-9500

Daytime Phone

CR2E034 (12/95)