F96000003040

TO: Qualification/Tax Lien Section Division of Corporations	600001844056 -05/30/3601029002 *****70.00 *****70.00
SUBJECT: Alarm-It Distributors, 7 (Name of corporation - must include suffix)	Fnc W76-11432
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
Denise Spandler-Gadd (Name of Person) Alarm-It Distributors To (Firm/Company) 1500 Harford Rd (Address) Baltomore, Ud 21234 (City/State/Zip)	
Should you need to call someone concerning this matter, please call: DCN/SC Spander at (30) (Area Code & Daytim	144-5508 e Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 30, 1996

DENISE SPANGLER-GADDIS % ALARM-IT DISTRIBUTORS, INC. 7500 HARTFORD RD BALTIMORE, MD 21234

SUBJECT: ALARM-IT DISTRIBUTORS, INC.

Ref. Number: W96000011432

We have received your document for ALARM-IT DISTRIBUTORS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please be more specific in the nature of business on number 8 of the application.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$4800.00.

Enclosed please find a copy of section 607.1501 or 617.1501, Florida Statutes, which lists those activities that do not constitute transacting business or conducting affairs in this state. If after reviewing this section you determine erroneous information was inserted on the application, a sworn affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business or conducting its affairs in Florida prior to the year the application was submitted did not constitute transacting business or conducting affairs pursuant to section 607.1501 or 617.1501, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6097.

Michael Mays

Document Specialist

Letter Number: 196A00027027

SECRETARY OF STATE
OIVISION OF CORPORATIONS
OF UNIT PM 2: 47



Sandra B. Mortham
Secretary of State

June 11, 1996

DENISE SPANGLER-GADDIS % ALARM-IT DISTRIBUTORS, INC. 7500 HARTFORD RD BALTIMORE, MD 21234

SUBJECT: ALARM-IT DISTRIBUTORS, INC. Ref. Number: W96000011432

We have received your document(s) in this office, however, the document is being returned for the following:

We did recieve your letter dated June 4, 1996, concerning the date your company started transacting business in Florida. Please complete the enclosed form in relation to the date first transacting business. Also I would need you to return the original page with the information completed, where I mentioned in my first letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6097.

Michael Mays Document Specialist

Letter Number: 496A00029023

AFFIDAVIT

On this day personally appeared before me, the undersigned officer duly authorized to administer oaths and take acknowledgements
(Officer name)
who after having first been duly sworn, upon oath deposes and says as follows:
1. I am Uce President of alarm-St Lesselvetors Duc
a corporation organized under the laws of Maustand /usA.
2. The "Application by Foreign Corporation for Authorization to Transact Business in Florida",
submitted to the Florida Department of State, contained erroneous information.
3. Alara St Aistributus In has not transacted business in the State of Florida. The date of (croneous fate) application is erroneous. The previous activities conducted within the State of Florida by
the State of Florida. The date of (croneins and), as stated in section six (croneins and)
application is erroneous. The previous activities conducted within the State of Florida by said corporation did not constitute the transaction of business pursuant to section 607, 1501 Florida Statutes.
 The correct date the corporation shall begin conducting its affairs in Florida shall be upon qualification by the Florida Department of State.
On this 14 day of June 1996, Denise Spangler-Graddis
On this 14 day of June 1996, Denise Spanyler-Graddis personally appeared before me,
who is personally known to me whose identity I proved on the basis of
My Commission Expires: Ag. 20,1996 Super Acade Notary Public Signature
Notary Public Signature Susan A-Acos Notary's Printed Name

Scal

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607, 1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Alarm - It Distributors Inc. (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Md 3. 52-123-7796 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. Jan. 1991 5. Per petrual 5. Per petrual 5. Per petrual 5. Beach Snupping 1995 1995 1995 1995 1995 1995 1995 199
7. T500 Itarford Rd Raltmore, Nd 21234 5
8. Branch Office Schrifty Ctv, intercorn equip (Purpose(s) of corporation authorized in home state or country to be carried out the state of
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: Rowald H. Schnell
Office Address: 3535 First Avenue North
St. Peters burg , Florida, 33713 10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O . Box NOT acceptable) Chairman: Address: ___ Vice Chairman: Address: ______ Director: Address: ____ Director: ____ Address: _____ B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Address: _ Vice President: Address: _ 21234 Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Typed or printed name and capacity of person signing application)

STATE OF MARYLAND

447082

STATE DEPARTMENT OF ASSESSMENTS AND TAXATION

301 West Preston Street Baltimore, Maryland 21201

I, NANCY GRUENINGER OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT SAID DEPARTMENT, BY THE LAWS OF SAID STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATE CHARTERS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE; AND I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT ALARM-IT DISTRIBUTORS, INC.
IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF
THE LAWS OF MARYLAND AND SAID CORPORATION HAS FILED ALL
ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON
THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS
AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT
AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTES,
OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN THE STATE
OF MARYLAND.

RETARY OF STATE
NOT CORPORATIONS
NOTE: 1.1



IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE THIS 14TH DAY OF MAY, 1996.

AMICY GRUENINGER
ADMINISTRATIVE OFFICER

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