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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000004237

1. Corporation Name

WESTEC RESIDENTIAL SECURITY, INC.



Principal Place of Business
**100 BAYVIEW CIRCLE, #1000
NEWPORT BEACH CA 92660**

Mailing Address
**100 BAYVIEW CIRCLE, #1000
NEWPORT BEACH CA 92660**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/16/1996

4. FEI Number

51-0370732

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

13191 Crossroads Pkwy N.

2a. Mailing Address

13191 Crossroads Pkwy N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

City of Industry, CA

City of Industry, CA

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE **DCP** ☒ DELETE
NAME **KAYE, MICHAEL S**
STREET ADDRESS **100 BAYVIEW CIRCLE, #1000**
CITY-ST-ZIP **NEWPORT BEACH CA**

TITLE **DCFO** ☒ DELETE
NAME **THACHER, BRUCE J**
STREET ADDRESS **100 BAYVIEW CIRCLE, #1000**
CITY-ST-ZIP **NEWPORT BEACH CA**

TITLE **ST** ☒ DELETE
NAME **MCALPINE, JOHN H**
STREET ADDRESS **100 BAYVIEW CIR, STE 1000**
CITY-ST-ZIP **NEWPORT BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

CEO ☐ Change ☒ Addition
Stephen E. Pazian
13191 Crossroads Pkwy N.
City of Industry, CA 91746

COO and President ☐ Change ☒ Addition
Michael L. Merlo
13191 Crossroads Pkwy N.
City of Industry, CA 91746

Secretary ☐ Change ☒ Addition
Dani Jo Merryman
13191 Crossroads Pkwy N.
City of Industry, CA 91746

Controller ☐ Change ☒ Addition
William B. Patterson
13191 Crossroads Pkwy N.
City of Industry, CA 91746

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing 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 Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael L. Merlo, Pres.

(562) 463-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)