

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90016 019 \*\*\*150.00

**DOCUMENT #** F96000004237

**1. Entity Name**

EDISON SECURITY CORP.

**Principal Place of Business**

**Mailing Address**

**2. Principal Place of Business**

955 Overland Court

**3. Mailing Address**

955 Overland Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

San Dimas, CA 91773

**City & State**

San Dimas, CA 91773

**Zip**

91773

**Country**

USA

**Zip**

91773

**Country**

USA

**4. FEI Number**

51-0370732

**Applied For**

☐ Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

00042004

**6. Name and Address of Current Registered Agent**

CT Corporation System  
 1200 South Pine Island Road  
 Plantation, FL 33324

**7. Name and Address of New Registered Agent**

**Name**

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

**City**

FL

**Zip Code**

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.** ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	CEO Stephen E. Pazian 13191 Crossroads Pkwy N. City of Industry, CA 91746	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	CEO/Chairman & Director Thomas J. Higgins 955 Overland Court San Dimas, CA 91773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	COO and President Michael L. Merlo 13191 Crossroads Pkwy N. City of Industry, CA 91746	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	President/COO & Director Michael L. Merlo 955 Overland Court San Dimas, CA 91773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Secretary Dani Jo Merryman 13191 Crossroads Pkwy N. City of Industry, CA 91746	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Sr. VP & Secretary Tim S. Glassett 955 Overland Court San Dimas, CA 91773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Controller William B. Patterson 13191 Crossroads Pkwy N. City of Industry, CA 91746	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Controller Linda G. Sullivan 955 Overland Court San Dimas, CA 91773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Director Alan J. Fohrer 2244 Walnut Grove Avenue Rosemead, CA 91770	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael L. Merlo, President/COO 3/8/00

Date

Daytime Phone #

CR2E034 (9/99)