


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 01 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **F96000006764 (2)**

1. Corporation Name
WESTSEC, INC.

Principal Place of Business

**818 S KANSAS AVE
TOPEKA KS 66612
US**

Mailing Address

**818 S KANSAS AVE
TOPEKA KS 66612
US**



DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 2. Principal Place of Business 4221 W. John Carpenter Suite, Apt. #, etc. Frwy. City & State Irving, Tx Zip 75063 | 2a. Mailing Address 4221 W. John Carpenter Suite, Apt. #, etc. Freeway City & State Irving, Tx Zip 75063 |
|--|---|

| | | |
|---|---------------------------------------|--|
| 3. Date Incorporated or Qualified 12/24/1996 | 4. FEI Number 75-2683068 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | |
|--|--|

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|---|
| 10. Name and Address of New Registered Agent |
| 81 Name |
| 82 Street Address (P.O. Box Number Is Not Acceptable) |
| 83 |
| 84 City |
| 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 _____ (NOTL Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | P MILLSTEIN, STEVEN A |
| STREET ADDRESS | 818 SOUTH KANSAS AVE |
| CITY-ST-ZIP | TOPEKA KS |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | ST DALTON, MARILYN K |
| STREET ADDRESS | 818 S KANSAS AVE |
| CITY-ST-ZIP | TOPEKA KS |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | D SHARPE, RITA A |
| STREET ADDRESS | 818 SOUTH KANSAS AVE |
| CITY-ST-ZIP | TOPEKA KS |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | D KITCHEN, STEVEN L |
| STREET ADDRESS | 818 S KANSAS AVE |
| CITY-ST-ZIP | TOPEKA KS |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | D ROSENBERG, JOHN K |
| STREET ADDRESS | 818 S KANSAS AVE |
| CITY-ST-ZIP | TOPEKA KS |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Secretary John Hesse |
| 2.3 STREET ADDRESS | 4221 W. John Carpenter Frwy. |
| 2.4 CITY-ST-ZIP | Irving, Tx 75063 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | John Hesse |
| 3.3 STREET ADDRESS | 4221 W. John Carpenter Frwy. |
| 3.4 CITY-ST-ZIP | Irving, TX 75063 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | John Mack |
| 4.3 STREET ADDRESS | 6011 Briard Parkway |
| 4.4 CITY-ST-ZIP | Culver City, CA 90230 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Skur Millstein |
| 5.3 STREET ADDRESS | 4221 W. John Carpenter Frwy. |
| 5.4 CITY-ST-ZIP | Irving, TX 75063 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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 in an attachment to this address.

SIGNATURE: _____

CR2E034 (10/97)