SIGNATURE:

FILED DOCUMENT # F9700005494 Apr 10, 2000 8:00 am Secretary of State PROTECTION ONE ALARM MONITORING, INC. 04-10-2000 90088 018 ***150.00 Principal Place of Business Mailing Address 4221 WICARPENTER FRACE G225 N. St. Hwy 16t ITYING ITX 75038-2227 2. Principal Place of Business Mailing Address (24) 14 Corporate 6225 N. St. Hwy 161, Ste 400 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. te. Apt. #. etc Irvika Applied For City & State 4. FEI Number 93-1064579 *5*03ター みスンフ 00 Z30 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Number is Not Acceptable) Street Addres& (P.O. 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. President **Addition Delete** TITLE TITLE Annelle Beck NAME MILLSTEIN, STEVEN A 918 S. Kanfas AVB STREET ADDRESS STREET ADDRESS **4221 W CARPENTER FRWY** CITY-ST-ZIP Topeka, KS 66612 CITY-ST-7IP IRVING TX 75063 Cto, secretary, Treasurer Addition Delete Change TITLE TITLE VCFO NAME SOMMA NAME HESSE, JOHN W S. Kansas Ave STREET ADDRESS STREET ADDRESS 3900 SW MURRAY BLVD. CITY-ST-ZIP Topeka, KS 66612 CITY-ST-ZIP **BEAVERTON OR 97005** Asst - Secretary, Addition **⊠** Delete TITLE Change Rence T. Kingsley 6225 N. St. Hwy 161, Ste 400 NAME RANKIN, THOMAS K NAME STREET ADDRESS STREET ADDRESS 6011 BRISTOL PKWY. CITY-ST-7IP 75038-2227 CITY-ST-ZIP **CULVER CITY CA 90230** ☐ Addition Delete TITLE TITLE NAME NAME MACK, JOHN E STREET ADDRESS STREET ADDRESS 6011 BRISTOL PKWY. CITY-ST-ZIP CITY-ST-ZIP **CULVER CITY CA 90230** vice president, service 🛣 Delete ☐ Change **Addition** TITLE TITLE Doug Volenski fointe 12th Floor NAME WEINSTOCK, GEORGE STREET ADDRESS STREET ADDRESS 6011 BRISTOL PKWY. culver city, ca 90230 CITY-ST-ZIP CITY-ST-ZIP **CULVER CITY CA 90230** vice president, patrol service Change Addition Delete TITLE NAME crain Chretien NAME CORNELL, MONTGOMERY W 600 Granate Pointe 12th Floor STREET ADDRESS STREET ADDRESS 3900 SW MURRAY BLVD. Culver City, CA 90230 CITY-ST-ZIP **BEAVERTON OR 97005** 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.

R DIRECTOR

100 (912) 916-6289

Daytime Phone #