

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90047 036 ***150.00

DOCUMENT # F98000004654

1. Corporation Name
ALARMGUARD, INC.

Principal Place of Business
125 FRONTAGE ROAD
ORANGE CT 06477

Mailing Address
125 FRONTAGE ROAD
ORANGE CT 06477

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1998

4. FEI Number

06-1369839

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 ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	P
NAME	MACDONNELL, RUSSELL R	1.2 NAME	GREGORY J. WESTHOFF
STREET ADDRESS	125 FRONTAGE ROAD	1.3 STREET ADDRESS	125 FRONTAGE ROAD
ST- ZIP	ORANGE CT 06477	1.4 CITY-ST- ZIP	ORANGE, CT 06477
TITLE	DV	2.1 TITLE	V
NAME	HEIDECORN, DAVID	2.2 NAME	JOSEPH J. MONACHINO
STREET ADDRESS	125 FRONTAGE ROAD	2.3 STREET ADDRESS	125 FRONTAGE ROAD
ST- ZIP	ORANGE CT 06477	2.4 CITY-ST- ZIP	ORANGE, CT 06477
TITLE	S	3.1 TITLE	V
NAME	KANDEL, GEORGETTE L	3.2 NAME	PETER M. ROGERS
STREET ADDRESS	125 FRONTAGE ROAD	3.3 STREET ADDRESS	125 FRONTAGE ROAD
ST- ZIP	ORANGE CT 06477	3.4 CITY-ST- ZIP	ORANGE, CT 06477
TITLE	AS	4.1 TITLE	AS
NAME	AMBLER, TRACE B	4.2 NAME	AMBLER, TRACY B
STREET ADDRESS	125 FRONTAGE ROAD	4.3 STREET ADDRESS	125 FRONTAGE ROAD
ST- ZIP	ORANGE CT 06477	4.4 CITY-ST- ZIP	ORANGE, CT 06477
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
ST- ZIP		5.4 CITY-ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
ST- ZIP		6.4 CITY-ST- ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)