

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H51421** (6)

1. Corporation Name
SECURITY MONITORING SERVICES, INC.

Principal Place of Business 818 SOUTH KANSAS AVE TOPEKA KS 66612 US	Mailing Address 818 SOUTH KANSAS AVE TOPEKA KS 66612 US
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DO NOT WRITE IN THIS SPACE

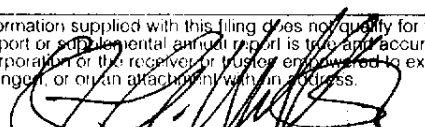
2. Principal Place of Business 21 4221 W. John Carpenter Suite, Apt. #, etc. 22 Freeway City & State 23 Irving, TX Zip 24 75063 Country 25		2a. Mailing Address 26 4221 W. John Carpenter Suite, Apt. #, etc. 27 Freeway City & State 28 Irving, TX Zip 29 75063 Country 30		3. Date Incorporated or Qualified 04/09/1985	
4. FEI Number 59-2559395		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		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent WILSON, HARRIETTE H. 725 W. HWY 434, SUITE I LONGWOOD FL 32752		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	
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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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, EARL ANTHONY	1.2 NAME	
STREET ADDRESS	725 W HWY 434, SUITE F	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HOLIHAN, RANDY	2.2 NAME	
STREET ADDRESS	725 W HWY 434, SUITE F	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	
TITLE	DC	3.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, HARRIETTE	3.2 NAME	
STREET ADDRESS	725 W HWY 434, SUITE F	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MILLSTEIN, STEVEN A	4.2 NAME	
STREET ADDRESS	818 S KANSAS AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TOPEKA KS	4.4 CITY-ST-ZIP	
TITLE	ST	5.1 TITLE	☐ Change ☐ Addition
NAME	DALTON, MARILYN K	5.2 NAME	
STREET ADDRESS	818 S KANSAS AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TOPEKA KS	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE:  4/4/98

CR2E034 (10/97)