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0584410

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Feb 27, 1999 8:00 am
Secretary of State
02-27-1999 90036 043 ***150.00

DOCUMENT # H51421

1. Corporation Name
SECURITY MONITORING SERVICES, INC.

Principal Place of Business	Mailing Address
4221 W JOHN CARPENTER FREEWAY IRVING TX 75063 US	4221 W. JOHN CARPENTER FREENWAY IRVING TX 75063 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 04/09/1985

4. FEI Number: 59-2559395 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

2. Principal Place of Business	2a. Mailing Address
21 6225 N. State Hwy 161	26 6225 N. State Hwy 161
22 Suite, Apt. #, etc. Suite 400	27 Suite, Apt. #, etc. Suite 400
23 City & State Irving Texas	28 City & State Irving Texas
24 Zip 75063 25 Country US	29 Zip 75063 30 Country US

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	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	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MILLSTEIN		2.2 NAME	
STREET ADDRESS	4221 W. JOHN CARPENTER PARKWY		2.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75063		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MACK, JOHN		3.2 NAME	
STREET ADDRESS	6011 BRISTOL PARKWAY		3.3 STREET ADDRESS	
CITY-ST-ZIP	CULVER CITY CA 90230		3.4. CITY-ST-ZIP	
TITLE	D	☐ DELETE	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	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HESSE, JOHN		5.2 NAME	
STREET ADDRESS	4221 W. JOHN CARPENTER PARKWY		5.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75063		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: BY: [signature] EX. W.H. REQUIRED 1-18-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #