2000 UNIFORM BUSINESS REPORT (UBR) \mathtt{FILED} **DOCUMENT # H51421** May 31, 2000 8:00 am 1. Entity Name Secretary of State SECURITY MONITORING SERVICES. INC. 05-31-2000 90079 042 ***550.00 Principal Place of Business Mailing Address 6225 N STATE HWY 161 6285 N STATE HWY 161 STE 408. **STE 400** IRVING TX 75063 IRVING TX 75038-2225 3. Mailing Address 2. Principal Place of Business 715 W.State.Rd. 434 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2559395 Not Applicable ongwood Zip U Country Country \$8.75 Additional 5. Certificate of Status Desired 15038-2227 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILSON, HARRIETTE H. Box Number is Not Acceptable 725 W. HWY 434, SUITE I Highwau LONGWOOD FL 32752 submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Asst. Secretary □ Delete TITLE Renee T- Kingeley 6225 N. St. Hwy 161 Ste 400 WILSON, EARL ANTHONY NAME STREET ADDRESS STREET ADDRESS 725 W HWY 434, SUITE F CITY-ST-ZIP CITY-ST-7IP Fruing, TX 75038-2227 LONGWOOD FL Change ☐ Addition M Delete TITLE TITLE Annette beek 818 S. Konsas Ave NAME MILLSTEIN STREET ADDRESS STREET ADDRESS 4221 W. JOHN CARPENTER PARKWY Topeka-, KS-666/2 CITY-ST-ZIP CITY-ST-ZIP IRVING TX-75063 Asst Sureley / Asst Treasurer ☐ Detete TITLE NAME MACK, JOHN NAME STREET ADDRESS STREET ADDRESS 6011 BRISTOL PARKWAY CITY-ST-ZIP CITY-ST-ZIP **CULVER CITY CA 90230** Change ☐ Addition Delete TITLE TITLE NAME MILLSTEIN, STEVEN A NAME STREET ADDRESS STREET ADDRESS 818 S KANSAS AVE CITY-ST-ZIP CJTY-ST-ZJP TOPEKA KS Nirector ☐ Change Addition Delete TITLE NAME HESSE, JOHN NAME craig Leining 818 South Kansds STREET ADDRESS STREET ADDRESS 4221 W. JOHN CARPENTER PARKWY CITY-ST-ZIP Topeka, KS 66612 CITY-ST-7IP IRVING TX 75063 Secretary / Treasurer - Director Change Addition Addition Delete TITI F TITLE nthony somma 18 SI Kaisas Ave NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP Topeka, KS 666 M CITY-ST-ZIP

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.

SIGNATURE: Due 2

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