

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L65952

Entity Name: HOME SECURITY ASSOCIATION OF FLORIDA, INC.

FILED  
Apr 29, 2008  
Secretary of State

## Current Principal Place of Business:

310 N MIDVALE BLVD STE 300  
MADISON, WI 537053265

## New Principal Place of Business:

310 N MIDVALE BLVD STE 300  
MADISON, WI 537053265

## Current Mailing Address:

310 N MIDVALE BLVD STE 300  
MADISON, WI 537053265

## New Mailing Address:

FEI Number: 59-3003542      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: COB ( ) Delete  
Name: LEHMAN, ROBERT J  
Address: 310 N MIDVALE BLVD STE 300  
City-St-Zip: MADISON, WI 537053265

Title: PRES ( ) Delete  
Name: CLEAR, MICHAEL F  
Address: 310 N MIDVALE BLVD STE 300  
City-St-Zip: MADISON, WI 537053265

Title: T ( ) Delete  
Name: DEDO, STEVEN P  
Address: 310 N MIDVALE BLVD STE 300  
City-St-Zip: MADISON, WI 537053265

Title: S ( ) Delete  
Name: SCHWAB, DARLENE F  
Address: 310 N MIDVALE BLVD STE 300  
City-St-Zip: MADISON, WI 537053265

Title: D (X) Delete  
Name: LEHMANN, DAVID R  
Address: 310 N MIDVALE BLVD STE 300  
City-St-Zip: MADISON, WI 537053265

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: LEHMANN, DAVID R  
Address: 310 N MIDVALE BLVD STE 300  
City-St-Zip: MADISON, WI 537053265

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN P DEDO

T

04/29/2008

Electronic Signature of Signing Officer or Director

Date