

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L75928

(6)

1. Corporation Name
ADT, INC.

Principal Place of Business

ADT, INC.
P.O. BOX 5035
BOCA RATON FL 33431-0835
US

Mailing Address

2255 GLADES RD. STE 421W-
P. O. BOX 5035
BOCA RATON FL 33431-0835
US



3. Date Incorporated or Qualified
05/25/1990

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number
22-2561516

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST, STE 105
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP RUZIKA, STEPHEN J.
STREET ADDRESS 2255 GLADES ROAD
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME DVS BECK, JAN S.
STREET ADDRESS 2255 GLADES ROAD
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME OLBERT, ANN M.
STREET ADDRESS 2255 GLADES ROAD
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME AS LEVINE, STEVEN J
STREET ADDRESS 2255 GLADES ROAD
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME AD SCHOENFIELD, ELI D
STREET ADDRESS ONE DAG HAMMERKJOLD PLAZA
CITY-ST-ZIP NY NY

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 1750 Clint Moore Rd.
1.4 CITY-ST-ZIP Boca Raton, FL 33487

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 1750 Clint Moore Rd.
2.4 CITY-ST-ZIP Boca Raton, FL 33487

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 1750 Clint Moore Rd.
3.4 CITY-ST-ZIP Boca Raton, FL 33487

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 1750 Clint Moore Rd.
4.4 CITY-ST-ZIP Boca Raton, FL 33487

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE

[Signature]

4/28/97

1750 CLINT MOORE RD

CR2E034 (9/96)