

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90080 009 *****50.00

DOCUMENT # M01000002430

1. Entity Name

ALARM CAPITAL ALLIANCE II, L.L.C.



Principal Place of Business

**219 BULENS LANE
WOODLYN PA 19094**

Mailing Address

**219 BULENS LANE
WOODLYN PA 19094**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Amy Kothari VP of Finance

1/7/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **WESTHOFF, GREGORY J**
STREET ADDRESS **689 MIMOSA TREE LANE**
CITY-ST-ZIP **WEST CHESTER PA 19380**

TITLE **MGR** ☐ Delete
NAME **BRUSH, DENNIS W**
STREET ADDRESS **60 SIR FRANCIS DRAKE BLVD**
CITY-ST-ZIP **LARKSPUR CA 94939**

TITLE **MGR** ☒ Delete
NAME **KUNZ, GREGORY W**
STREET ADDRESS **P.O. BOX 37**
CITY-ST-ZIP **KENTFIELD CA 94914**

TITLE **MGR** ☐ Delete
NAME **LEVINE, WILLIAM S**
STREET ADDRESS **1702 E HIGHLAND AVE STE 310**
CITY-ST-ZIP **PHOENIX AZ 85016**

TITLE **MGR** ☐ Delete
NAME **DAVEN, MICHAEL P**
STREET ADDRESS **5 KEELER CT**
CITY-ST-ZIP **RIDGEFIELD CT 06877**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature] **AMY KOTHARI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/7/03

Date

6108724800

Daytime Phone #

CR2E083 (10/02)