|   |                               | May 1, 1999 or 1<br>0.00 LATE FEE.  | FILED  OF CRETARY OF STATE  DIVICION OF CORECTATIONS |                                     |                         |  |   |                                      |                                 |  |
|---|-------------------------------|---|--|-------------------------------------|-------------------------|--|---|--------------------------------------|---------------------------------|--|
|   | D LIABILIT<br>ANNUAL R<br>199 |   | 52 MAR 23 AM 10: <b>37</b>                           |                                     |                         |  |   |                                      |                                 |  |
| FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE |                               |   |  |                                     |                         |  |   |                                      |                                 |  |
| 1. Name a   | and Mailing Ad                | dress DOCIII  |  | # M950                              |                         |  | 1   |                                      |                                 |  |
| by Entition Entaining Company   |                               |   |  |                                     |                         |  | 1a. Principal Place of Business Address         |                                      |                                 |  |
| THE MONITORING COMPANY LLC, P.O. BOX 907 LARAMIE WY 82070   |                               |   |  |                                     |                         | 4-AL                                       | 1158 FRONTERA DRIVE<br>LARAMIE WY 82070         |                                      |                                 |  |
|   |                               |   |  |                                     |                         |  |   |                                      |                                 |  |
| 2 Principa  | al Place of Bus               | 2a. Maili   | ng Address   |                                     |                         | 3. Date Organize                           |   |                                      | of Formation                    |  |
| Suite, Apt.   | #, etc.                       |   | Suite, Ap  | t. #, etc.                          |                         |  | 08/08/1995<br>4. FEI Number                     |                                      | co                              |  |
| City & Stat   | le .                          | City & State  |  |                                     |                         | 83-0310693                                 |   |                                      | Applied For                     |  |
| Ony a ona   |                               |   |  |                                     |                         |  | 5. Date of Last Report                          |                                      | 6 Certifica                     | Not Applicable ate of Status Desired         |
| Zip Country   |                               | Zip Count   |  |                                     | ry                      |  | ,   | \$8.75 Additional Fee Required       |                                 |  |
|   | 7. Name                       | and Address of Current  | <br>Registered                                       | Agent                               |                         | 8.   | 03/24/1998  8. Name and Address of New F        |                                      | tered Agen                      | l/Office                                     |
| THE PRENTICE-HALL CORPORATION 1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301  |                               |   |  | · I                                 |                         |  | P.O. Box Number Is Not Acceptable)              |                                      |                                 |  |
|   |                               |   |  |                                     |                         | City                                       | ~ · · ·   | FL                                   | Zıp Code                        |  |
| its register  | ed office or reg              | sions of Sections 608.416 a<br>istered agent, or both, in the<br>accept the obligations | ind 608.508<br>State of Flo                          | , Florida Statut<br>rida, Such char | es, the at<br>ige was a | pove-named limited<br>uthorized by affirma | liability company si<br>itive vote of a majorit | ubmits this state<br>y of the member | ement for the<br>rs. Thereby ac | purpose of changing<br>scept the appointment |
| SIGNATU   | RE                            | (Registered Agent Accepting A   | ansterlenend (*                                      | NOTE Bursten, LA                    | ുംവ് ഉപ്പാർഹ            |  |   | DATE                                 |                                 |  |
| 10. Title   | Managing Members/Managers     |   |  | Business Street Address             |                         |  | <del></del>                                     |                                      | , State and Z                   | rp Code                                      |
| MGRM  | MCKEE, CHESTER R 1158 FRON    |   |  |                                     |                         | TERA DRIVE                                 |   | LARAMIE WY                           |                                 |  |
| MGRM  | M THE ROSE TRUST, 1158 FRON   |   |  |                                     |                         | ERA DRIVE LARAMIE WY                       |   |                                      |                                 |  |
|   |                               |   |  |                                     |                         |  | 30  | l ~04/0:                             | 1/930                           | .1 (167 5<br>01033005<br>****188.75          |

11. Ido hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i). Florida Statutes. If urther certify that the information indicated on this annual 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 timited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: X CRAWING OF SHALLES MANAGER MEMBER OF SHALLES MANAGER MEMBER OF MAN