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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P01501

(6)

BRINK'S HOME SECURITY, INC.

## **FILED** Apr 17 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address		4 CERCURAL DIA MAINT STAND AND AND AND THE DIRICH BLACK	GINII ALALI ALDII AINII INNI				
•	·						
1839-VALWOO BEDG: I	<del>O PION</del> Y	C/O THE PITTSTON CO	4000				
CARROLLTON	ATTN: TAX DEPT PO BOX 4000 N-TX-75006 LEBANON VA 24266		DO NOT WRITE IN THIS S	DO NOT WRITE IN THIS SPACE			
US US			3. Date Incorporated or Qualified 04/04/1984				
	ace of Business	2s. Mailing Address			4. FEI Number	Applied For	
21 888	O ESTERS BLUD	26			06-1077936	Not Applicable	
Suite, Apt. 6	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State		6. Election Campaign Financing	\$5.00 May Be				
23 IRVING TX 28		Trust Fund Contribution	Added to Fees				
Zip	Country	Zip	Counti	У	8. This corporation owes or has paid the cur		
24 750	16-3 25 Dallas		30		,	Yes □ No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
CT :	CORPORATION SYSTEM		8	i Name			
120	0 S. PINE ISLAND ROAD		8	82 Street Address (P.O. Box Number is Not Acceptable)			
PLA	INTATION FL 33324			Strate Transfer to			
			8	3			
			8	4 City		85 Zip Code	
44 5	60-1					changing its registered	
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	Stonature, typed or printed name of registered agent	and title if applicable (NOTE	Registered A	gent signature	e required when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	CD	DELETE	1.1 TITLE		fresident.	☐ Change ☐ Addition	
NAME	FARREL, JOSEPH C.		12 NAMI		Peter michel		
STREET ADDRESS	1000 VIRGINIA PKWY		1.3 STRE	ET ADDRESS	8880 ESKIS BIVD		
CITY-ST-ZIP	GLEN ALLEN VA 23060		1.4 CITY	ST-ZIP	JRUING, TV75063  Senier Vice President  Bruce Gold Derg  8880 Esters BTVD		
TITLE	Ď	☐ DELETE	21 TITLE		senior vice president	☐ Change	
NAME	ROGLIANO, GARY R.		22 NAM		Bruce Gold Derg_		
STREET ADDRESS	1000 VIRGINIA PKWY		2.3 STRE	ET ADDRESS	8880 ESKIS BHID		
CITY - ST - ZIP	GLEN ALLEN VA 23060		2 4 CITY	- ST- ZIP	= RVING, 7x 75003		
TITLE	AT	DELETE	3.1 TITLE		AT	♣ Change	
NAME	KETRON, ROGER D.		3.2 NAME		and CD. Ketton		
STREET ADDRESS	1000 VIRGINIA PKWY		3.3 STRE	ET ADDRESS	448 NEMAINST		
CITY - ST - ZIP	GLEN ALLEN VA 23060		3.4. CITY	- ST - ZIP	debanon, VA aya 66		
TITLE	VŠ	☐ DELETE	4.1 TITLE		VP	■ criange	
NAME	CHRIS B. CAGE		4. 2 NAM		ALASE CO.AC		
STREET ADDRESS	1628 VALWOOD PKWY			ET ADDRESS	2880 Esters BLUD		
CITY-ST-ZIP	CARROLLTON TX 75006		4.4 CITY		IRVING, TX 75063	-	
TITLE	CD	DELETE	5.1 TITLE		make Director	Change Addition	
NAME	FARRELL, JOSEPH C	<del></del>	5.2 NAME		michael T. Dan		
STREET ADDRESS	100 FIRST STAMFORD PL			ET ADDRESS	1000 Vinginia Center Pk	·wa	
	STAMFORD CT 06830		5.4 CITY		Clan Allon II Anna CO	ا د	
CITY-ST-ZIP TITLE	AS	DELETE	6.1 TITLE		Glen Allen, VA23058	Change Addition	
NAME	ROGLIANO, GARY R.		6.2 NAM		Treasurer Tames B. Hartough	, _	
1	100 FIRST STAMFORD PLACE			ET ADORESS	1000 Vinginia Center f	Kwy	
STREET ADDRESS	STAMFORD CT 06830				1000 011 911110	· · · · · ·	
CITY-ST-ZIP		by this filing does not qualify for	6.4 City	SI-ZIP	Glen Allen UA 33058	ortify that the information	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fibrida 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 if changed, on an attachment with an address.

GNATURE:

4/10/98

SIGNATURE: