2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000094743

Address: City-St-Zip:

RIVER GROVE, IL 60171

Apr 22, 2008 Secretary of State

Entity Name: SCOTT ALARM, INC. **Current Principal Place of Business: New Principal Place of Business:** 9543 SUNBEAM CENTER DRIVE JACKSONVILLE, FL 32257 **Current Mailing Address: New Mailing Address:** 9543 SUNBEAM CENTER DRIVE JACKSONVILLE, FL 32257 FEI Number: 20-1272754 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOUGHRAN, MYRA P.A HUSEMAN, WILLIAM R P.A. 333 FIRST STREET N. SUITE 305 3733 UNIVÉRSITY BLVD W US JACKSONVILLE BEACH, FL 32250 210-B JACKSONVILLE, FL 32217 US 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: WILLIAM R. HUSEMAN 04/22/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SCOTT, BRUCE A Name: Name: 9543 SUNBEAM CENTER DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: Title: Title: () Delete () Change () Addition Name: RUTILI, JULIUS J Name: 2720 THATCHER AVENUE Address: Address: RIVER GROVE, IL 60171 City-St-Zip: City-St-Zip: Title: Title: D () Delete () Change () Addition FISHER, AARON Name: Name: 2720 THATCHER AVENUE Address:

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.

City-St-Zip:

SIGNATURE: BRUCE A SCOTT D 04/22/2008