

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P18877 (1)

1. Corporation Name

WELLS FARGO ALARM SERVICES, INC.



Principal Place of Business

780 FIFTH AVE
KING OF PRUSSIA PA 19406
US

Mailing Address

200 S MICHIGAN AVE
CHICAGO IL 60604
US

3. Date Incorporated or Qualified
04/18/1988

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

13-3404720

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETE

NAME SOOD, TIMOTHY M
STREET ADDRESS 200 SO MICHIGAN AVE
CITY-STATE-ZIP CHICAGO IL

TITLE V ☐ DELETE

NAME STEHOUWER, JAMES R
STREET ADDRESS 780 FIFTH AVE.
CITY-STATE-ZIP KING OF PRUSSIA PA

TITLE AS ☐ DELETE

NAME BLIGH, DIANA W
STREET ADDRESS 200 S. MICHIGAN
CITY-STATE-ZIP CHICAGO IL

TITLE PD ☐ DELETE

NAME FARRELL, NEAL F
STREET ADDRESS 780 FIFTH AVE.
CITY-STATE-ZIP KING OF PRUSSIA PA

TITLE ASV ☐ DELETE

NAME MILLINGER, D.M.
STREET ADDRESS 2128 SPRING STREET
CITY-STATE-ZIP PHILADELPHIA PA

TITLE AT ☐ DELETE

NAME VELDMAN, SCOTT R
STREET ADDRESS 200 S. MICHIGAN AVE.
CITY-STATE-ZIP CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

WOOD, TIMOTHY M.

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

P
TERHUNE, J. MICHAEL
780 FIFTH AVE.
KING OF PRUSSIA, PA

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE:

Diana W. Bligh Asst. Secretary

4-26-96

312-322-8735

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)