

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

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Apr 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 60604-2402  
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/18/1988</b>	3a. Date of Last Report <b>05/01/1996</b>
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>13-3404720</b>	Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b>	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOOD, TIMOTHY M.</b>	12. NAME	
STREET ADDRESS	<b>200 SO MICHIGAN AVE</b>	13. STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL</b>	14. CITY-ST-ZIP	
TITLE	<b>V</b>	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEHOUWER, JAMES R</b>	22. NAME	
STREET ADDRESS	<b>780 FIFTH AVE.</b>	23. STREET ADDRESS	
CITY-ST-ZIP	<b>KING OF PRUSSIA PA</b>	24. CITY-ST-ZIP	
TITLE	<b>AS</b>	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLIGH, DIANA W</b>	32. NAME	
STREET ADDRESS	<b>200 S. MICHIGAN</b>	33. STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL</b>	34. CITY-ST-ZIP	
TITLE	<b>P</b>	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TERHUNE, J. MICHAEL</b>	42. NAME	
STREET ADDRESS	<b>780 FIFTH AVE.</b>	43. STREET ADDRESS	
CITY-ST-ZIP	<b>KING OF PRUSSIA PA</b>	44. CITY-ST-ZIP	
TITLE	<b>ASV</b>	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLINGER, D.M.</b>	52. NAME	
STREET ADDRESS	<b>2128 SPRING STREET</b>	53. STREET ADDRESS	
CITY-ST-ZIP	<b>PHILADELPHIA PA</b>	54. CITY-ST-ZIP	
TITLE	<b>AT</b>	61. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VELDMAN, SCOTT R</b>	62. NAME	
STREET ADDRESS	<b>200 S. MICHIGAN AVE.</b>	63. STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL</b>	64. CITY-ST-ZIP	

**TREASURER  
COOPER, BRIAN S.  
200 S. MICHIGAN AVE  
CHICAGO IL 60604**

14. I do 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 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Diana W. Bligh 3/31/97 312 322-8500**

Date

Daytime Phone

CR2E034 (9/96)