

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19938

FILED
Apr 13, 2004
Secretary of State

Entity Name: ADT MAINTENANCE SERVICES, INC.

Current Principal Place of Business:

ONE TOWN CENTER RD
BOCA RATON, FL 33486 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3038
BOCA RATON, FL 33431 US

New Mailing Address:

PO BOX 8749
PRINCETON, NJ 08543 US

FEI Number: 31-0787888

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPAT () Delete
Name: STEVENSON, SCOTT
Address: ONE TOWN CENTER ROAD
City-St-Zip: BOCA RATON, FL 33486

Title: DP () Delete
Name: BOGGESS, JERRY R
Address: ONE TOWN CENTER ROAD
City-St-Zip: BOCA RATON, FL 33486

Title: T () Delete
Name: ROBINSON, MICHAEL A
Address: ONE TOWN CENTER ROAD
City-St-Zip: BOCA RATON, FL 33486

Title: S (X) Delete
Name: FINNEY, P GRAY
Address: ONE TOWN CENTER ROAD
City-St-Zip: BOCA RATON, FL 33486

Title: V (X) Delete
Name: FOLEY, MARK
Address: ONE TOWN CENTER ROAD
City-St-Zip: BOCA RATON, FL 33486

Title: ASD (X) Delete
Name: MOROZE, BRIAN
Address: 273 CORPORATE DR. STE 100
City-St-Zip: PORTSMOUTH, NH 03801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BREEN, EDWARD D
Address: ONE TOWN CENTER ROAD
City-St-Zip: BOCA RATON, FL 33486

Title: S (X) Change () Addition
Name: MOROZE, BRIAN M
Address: ONE TOWN CENTER ROAD
City-St-Zip: BOCA RATON, FL 33486

Title: T (X) Change () Addition
Name: HUND-MEJEAN, MARTINA
Address: ONE TOWN CENTER ROAD
City-St-Zip: BOCA RATON, FL 33486

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: EDWARD D. BREEN

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04/13/2004

Electronic Signature of Signing Officer or Director

Date