

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P34179

1. Corporation Name  
DYNAWATCH, INC.

Principal Place of Business  
P.O. BOX 2068  
HAGERSTOWN MD 21742

Mailing Address  
P.O. BOX 2068  
HAGERSTOWN MD 21742

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90213 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1991

4. FEI Number  
62-1179323

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 ☐ DELETE

TITLE P ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
GIORNO, EDWARD D  
19833 LEITERSBURG PIKE  
HAGERSTOWN MD 21742

TITLE V ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MESSENGER, ERIC T.  
13832 DRY RUN ROAD  
CLEAR SPRING MD

TITLE STD ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SNEAD, JAMES H.  
ROUTE 1 BOX 248  
HEDGESVILLE WV

TITLE EVP ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
RANKIN, ROBERT  
FREDERICK STREET  
HAGERSTOWN MD 21740

TITLE D ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
HOLZAPFEL, JAMES  
OAK HILL AVENUE  
HAGERSTOWN MD

TITLE CEO ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ALTER, WAYNE E JR  
19833 LEITERSBURG PIKE  
HAGERSTOWN MD 21742

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
PRESIDENT  
JOHN MACR  
6011 BRISTOL PL  
CULVER CITY, CA 90230

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
VICE PRESIDENT  
STEVE MILLSTEIN  
6025 N STATE HWY 161  
IRVING, TEXAS 75063

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
SECRETARY & TREASURER  
JOHN HESSE  
6025 N STATE HWY 161  
IRVING, TEXAS 75063

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
DIRECTOR  
JOHN HESSE  
6025 N STATE HWY 161  
IRVING, TEXAS 75063

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
DIRECTOR  
TOM RANKIN  
6011 BRISTOL PL  
CULVER CITY, CA 90230

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
DIRECTOR  
STEVE MILLSTEIN  
6025 N STATE HWY 161  
IRVING, TEXAS 75063

14. I 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, with all other like empowered.

SIGNATURE:

BY: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)