Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90008 037 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000090127

SCOTT ALARM, INC.

000111								
Principal Flac	e of Business	Mailing Address	Mailing Address			i idailadh tig isidi idhii bairi agun gann gang tann gann nigh i sin idan i san		
TWO MID AMERICA PL., STE. 200 TWO MID AMERICA PL., STE.			E. 200					
OAKBROOK TERRACE IL 60181 OAKBROOK TERRACE IL 6018						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						10/22/1998		
2 Principal D	Place of Business	2a. Mailing Address				4. FEI Number Applied For		
z. Poncipar P	dace of phaniess	26	├ ──			36-4281829 No Applicable		
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75 Additional		
22		27				5. Certificate of Status Desired Fee Re juired		
City & Star	te	City & State				6. Electic n Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cour	Country		8. This corporation owes the current year Intangible		
24	25	29	30			Personal Property Tax. Yes No		
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Registered Agent		
			ļ	81	Name	3		
CT CORPORATION SYSTEM				82	Street	et Aridress (P.O. Box Number is Not Acceptable)		
) S. PINE ISLAND RD.							
PLAI	ntation FL 33324		ſ	83	_			
				84	City	85 Zip Code		
				٦-	Oity	FL V		
agent. I a	am familiar with, and accept the obtain familiar with, and accept the obtain familiar with and accept the obtaining familiar with an accept the obtaining familiar with a fami	igations of, Section 607.0505, FD	rida Statu	ites.		portition's board of directors. I hereby accept the appointment as registered		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	A DELETE	1.1 TIT			D/P/T/S Change Addition		
NAME	HOWAT, BRUCE B		1.2 NA			Marc P. Katz		
STREET ADDRESS	30 S. WACKER DR.	ACKER DR.						
CITY-ST-ZIP	CHICAGO IL 60606		14 CIT			Oak Brook Terrace, IL 60131		
TITLE		☐ DELETE	2.1 TIT	.1 TITLE		Change Addition		
NAME			2.2 NA	2.2 NAME				
STREET ADDRESS	RESS		2.3 ST	2.3 STREET ADDRESS		s		
CITY-ST-ZIP	2.		2. 4 Ci	2. 4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TIT	3.1 TITLE		☐ Change ☐ Addition		
NAME				3.2 NAME				
STREET ADDRESS	XORE 3S		3.3 ST	3.3 STREET ADDRESS		s		
City-ST-ZiP	<u> </u>		3.4. CI	TY-ST-	ZIP			
TITLE		☐ DELETE		4.1 TITLE		☐ Change ☐ Addition		
NAME			4. 2 NAME					
STREET ADDRESS	RE:S		4.3 ST	4.3 STREET ADDRESS		s		
CITY-ST-ZIP			4.4 CI	1.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TIT			☐ Change ☐ Addition		
NAME	1		5.2 NA					
STREET ADDRESS	3		5.3 ST	REET	ADDRESS	s ·		
CITY-ST-ZIP				TY-ST-	ZIP '			
TITLE		☐ OELETE	6.1 717	LE		☐ Change ☐ Addition		

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: _

NAME

STREET ADDRES S

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NA SIGNING OFFICER OR DIRECTOR

Daytime Phone #