PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Zip Country 33486 U.S.A. 33486 U.S.A. 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee ref for a Certificate of State Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation State Connection and familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. CONNECT BRYAN Signature of Registered Agent Page 12/31/01 REGISTERED AGENT MUST SIGN See attached for addition		PORATION STATEMENT	Secreta	ne Harris ry of State corporations	, 0	FILE 1 DEC 31	PN 3: 28	
2. Principal Office Address One Town Center Road Sulte Apt # etc. 6th Floor Other Floor One Town Center Road One Town Center Road A Date Incorporated Town Center Road Sulte Apt # etc. 6th Floor One Town Center Road In Date Incorporated Town Center Road In Date Incorporation States In Date Incorporation States In Date Incorporation Town Center Road In Date Incorporated Town Indoor Incorporation In		ion Name			T/	ECRETARY OF ALLAHASSEE,	STATE FLORIDA	
3. Maining Unice Address 3. Maining Unice Address 4. Date Incorporated Organization 4. Date Incorporate Organiz			in, 1101					
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6th Floor 7th State 8th Country 7th Country 8th Address of Each Officer and/or Director 9th Country 8th Country	-		<u> </u>			乔赤承尔 ()	5U.UU ****	າວນ.ນບ
City & State BOCA Raton, FL BOCA Raton, FL Country Cou						rporated or Qualified	10 /22 /1000	,
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Zip Country Zip Country 33486 U.S.A. 33486 U.S.A. Secretary			Boca Raton,	Raton, FL				
7. Name and Address of Current Registered Agent Name	Zip	Country	Zip	Country	6.	-		
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 F.S. CONNE BRYAN Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Plantation Name of Officers and/or Directors Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Deate 12/31/01 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Plantage of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Plantage of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) See attached for addition of City / State / Zip Officer and/or Director (City / State / Zip Officer and/or Director) Titles Officers and/or Director Conficer and/or Director (City / State / Zip Officer and/or Director) Deate 12/31/01 9. Name of Officers and/or Director City / State / Zip Officer and/or Director Cit	33486	U.S.A.	33486	U.S.A.	CERTIFICAT	E OF STATUS DESIRED	for a Certificate	of Status
CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #. Etc. City Plantation 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 F.S. CONNIE BRYAN Signature of Registered Agent PSPECIAL ASSISTANT SECRETARY Stee attached for addition 7 Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) See attached for addition Titles Name of Officers and/or Director Officer and/or Director Titles Name of Officers and/or Director Officer and/or Director Officer and/or Director D Jerry R. Boggess One Town Center Road Boca Raton, FL 33486 D M. Brian Moroze One Town Center Road Boca Raton, FL 33486 P Michael F. Snyder One Town Center Road Boca Raton, FL 33486 T Michael Robinson One Town Center Road Boca Raton, FL 33486 T Michael Robinson One Town Center Road Boca Raton, FL 33486 Town Center Road Boca Raton, FL 33486 D Lectify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. If urther certify that when filir his reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S. that all files reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S. that all files in the sensition under section 119,07(3)(b, F.S. that information principles in the sensition under section 119,07(3)(b, F.S. that all files in the sensition under section 119,07(3)(b, F.S. that all files in the sensition under section 119,07(3)(b, F.S. that all files in the sensition under	,		7. Name and	Address of Current Re	egistered Agent			
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S P. Gray Finney One Town Center Road Boca Raton, FL 33486 10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. that all feel the property of the party and individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicate	P	Michael F. Snyder	One	Town Center	Road	Boca Rator	n, FL 33486	
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P. Gray Finney, Secretary 12/28/01 561-988-3600	this rei owed t on this	y that I am an officer or director or the rec instatement application, the reason for dis by the corporation have been paid and the application is true and accurate and my	ssolution has been eliminal e names of individuals listed signature shall have the sa	ed, the corporate name on this form do not qua ame legal effect as if mad	satisties the requirement lify for an exemption und de under oath.	nts of section 607,040 i der section 119,07(3)(i),	F.S. The information	I all local
SIGNATURE: 12/20/01 501-900-9000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	SIGNA	TURE: SIGNATURE AND TYPED OR P.	<u> </u>					~

SCOTT ALARM, INC. OFFICERS

NAME	TITLE	ELECTED
Michael Francis Snyder	President	03 July, 2001
Michael D. Esposito	Senior Vice President	03 July, 2001
Scott MacArthur	Senior Vice President	03 July, 2001
Mark A. Belnick	Vice President	03 July, 2001
Pelham ("P") Gray Finney	Vice President	03 July, 2001
Mark D. Foley	Vice President	03 July, 2001
Irving Gutin	Vice President	03 July, 2001
J. Brad McGee	Vice President	03 July, 2001
Scott Stevenson	Vice President	03 July, 2001
William Urban	Vice President	03 July, 2001
Michael A. Robinson	Treasurer	03 July, 2001
Scott MacArthur	Assistant Treasurer	03 July, 2001
Scott Stevenson	Assistant Treasurer	03 July, 2001
William Urban	Assistant Treasurer	03 July, 2001
Pelham ("P") Gray Finney	Secretary	03 July, 2001
Robert C. Costello	Assistant Secretary	03 July, 2001
Sharon D. Hess	Assistant Secretary	03 July, 2001
Daniel McGrath	Assistant Secretary	03 July, 2001
M. Brian Moroze	Assistant Secretary	03 July, 2001
Lauré L. Roy	Assistant Secretary	03 July, 2001
Mark A. Whitney	Assistant Secretary	03 July, 2001