CAPITAL CONNECTION, INC. 4725

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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DIVISION OF CORNORATIONS
TALLAHASSEE. FLORIDA

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Requested by:	4-30-99	(/,'x)
Name	Date	Time
Walk-In	Will Pick Up	

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Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1a. The name of the corporation is: WACKENHUT MONITORING SYSTEMS, INC. 1b. The mailing address of the corporation is: 4200 Wackenhut Drive, #100, Palm Beach Gardens, Florida 33410-4243 1c. Date of incorporation: 2/28/91 _____ Document number: S34725 The name and address of the current registered agent and office: James P. Rowan 4200 Wackenhut Drive. #100 Palm Beach Gardens, Florida 33410-4243 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) Timothy J. Howard 4200 Wackenhut Drive. #100 Palm_Beach Gardens, Florida 33410-4243 The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. (Signature of an officer, chairman or vice chairman of the board) (Date) F.E. Finizia, Corporate Counsel & Assistant Secretary (Printed or typed name and title) Having been named as registered agent and to accept service of process for the above stated corporation, Thereby accept the appointment as registered agent and agree to actin this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. (Signature of Registered Agent) (Date) If signing on behalf of an entity: TIMOTHY J. HOWARD (Typed or Printed Name) (Capacity)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$35.00

CR2E045(11/94)