

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfitt  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 APR 26 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F9400000907 (5)**

1. Corporation Name

**U.S. SECURITY ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

89 HEADQUARTERS PLAZA, 4TH FL.  
MORRISTOWN NJ 07960

89 HEADQUARTERS PLAZA, 4TH FL.  
MORRISTOWN NJ 07960

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
02/23/1994

3a. Date of Last Report  
4-15-94

4. FEI Number  
22-3262806

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 has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME SCHNEIDER, CHARLES R  
STREET ADDRESS 89 HEADQUARTERS PLAZA, 14TH FL.  
CITY-ST-ZIP MORRISTOWN NJ

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change  Addition

TITLE VD  
NAME ORINGER, KENNETH W  
STREET ADDRESS 89 HEADQUARTERS PLAZA, 14TH FL.  
CITY-ST-ZIP MORRISTOWN NJ

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change  Addition

TITLE D  
NAME THOMA, CARL D  
STREET ADDRESS 120 LASALLE STREET  
CITY-ST-ZIP CHICAGO IL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change  Addition

TITLE D  
NAME DONNINI, DAVID A  
STREET ADDRESS 120 LASALLE STREET  
CITY-ST-ZIP CHICAGO IL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

D  
L. MITCHELL  
120 LASALLE ST.  
CHICAGO, IL.

Change  Addition

TITLE D  
NAME CRESSEY, BRYAN C  
STREET ADDRESS 120 LASALLE STREET  
CITY-ST-ZIP CHICAGO IL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

*Kenneth W. Oringer*  
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR  
KENNETH W. ORINGER

4-20-95

409-21/110

Date

Signature Page #