

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

001204

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90165 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000000907

1. Corporation Name
U.S. SECURITY ASSOCIATES, INC.



Principal Place of Business 200 MANSELL CT E SUITE 500 ROSWELL GA 30076 US	Mailing Address 200 MANSELL CT E SUITE 500 ROSWELL GA 30076 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 200 MANSELL CT, EAST (Suite, Apt. #, etc.) 22 500 City & State 23 ROSWELL, GA. Zip 24 30076 Country 25 USA	2a. Mailing Address 26 200 MANSELL CT, EAST (Suite, Apt. #, etc.) 27 500 City & State 28 ROSWELL, GA. Zip 29 30076 Country 30 USA
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3. Date Incorporated or Qualified 02/23/1994	4. FEI Number 22-3262806	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH 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	85 Zip Code
			FL	

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 _____ DATE _____
Signature of registered agent and like if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, CHARLES R	
STREET ADDRESS	200 MANSELL CT E SUITE 500	
CITY-ST-ZIP	ROSWELL GA 30076	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ORINGER, KENNETH W	
STREET ADDRESS	200 MANSELL CT E SUITE 500	
CITY-ST-ZIP	ROSWELL GA 30076	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMA, CARL D	
STREET ADDRESS	6100 SEARS TOWER	
CITY-ST-ZIP	CHICAGO IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MITCHELL, L.	
STREET ADDRESS	6100 SEARS TOWER	
CITY-ST-ZIP	CHICAGO IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: Kenneth W. Oringer Date: 2/23/99 Daytime Phone #: (770) 625-1532

CR2E034 (11/98)