

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 27 AM 7:15**

**DOCUMENT # P37831 (5)**

1. Corporation Name  
**ADT PROPERTY HOLDINGS, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**DELAWARE TRUST BUILDING  
802 MARKET STREET, 13TH FLOOR  
WILMINGTON DE 19801  
US** **C/O ADT, INC.  
2255 GLADES ROAD, SUITE 421 W  
BOCA RATON FL 33431**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/10/1992** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **51-0338635** Applied For   
Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**  
6. Election Campaign Financing  **\$5.00 May Be  
Trust Fund Contribution Added to Fees**  
7. This corporation has liability for intangible tax under S 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 29 30

8. Name and Address of Current Registered Agent  
**THE PRENTICE HALL CORPORATION SYSTEM, INC  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81 Name **The Prentice-Hall Corporation System**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1201 Hays Street, Suite 105**  
83  
84 City **Tallahassee** FL 85 Zip Code **32301**

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RUZIKA, STEPHEN J.
STREET ADDRESS	2255 GLADES ROAD, #421-W
CITY - ST - ZIP	BOCA RATON FL
TITLE	VSD
NAME	BECK, JAN S.
STREET ADDRESS	2255 GLADES ROAD, #421-W
CITY - ST - ZIP	BOCA RATON FL
TITLE	AS
NAME	SCHOENFIELD, ELI D.
STREET ADDRESS	ONE DAG HAMMARSKJOLD PLZ
CITY - ST - ZIP	NEW YORK NY
TITLE	AS
NAME	LEVINE, STEVEN J.
STREET ADDRESS	2255 GLADES ROAD, #421-2
CITY - ST - ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jan S. Beck	
1.3 STREET ADDRESS	2255 Glades Road, Suite 421W	
1.4 CITY - ST - ZIP	Boca Raton, FL 33431	
2.1 TITLE	V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Steven J. Levine	
2.3 STREET ADDRESS	2255 Glades Road, Suite 421W	
2.4 CITY - ST - ZIP	Boca Raton, FL 33431	
3.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ann M. Olbert	
3.3 STREET ADDRESS	2255 Glades Road, Suite 421W	
3.4 CITY - ST - ZIP	Boca Raton, FL 33431	
4.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Sandra K. Parker	
4.3 STREET ADDRESS	2255 Glades Road, Suite 421W	
4.4 CITY - ST - ZIP	Boca Raton, FL 33431	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 my address.

SIGNATURE: **Jan S. Beck, President** 4/2/95 (407) 997-8406  
SIGNATURE TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR