

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

**FILED**  
**May 14 1997 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # P37831 (5)**

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



|  |   |
|--|---|
| Principal Place of Business<br>DELAWARE TRUST BUILDING<br>802 MARKET STREET, 13TH FLOOR<br>WILMINGTON DE 19801<br>US | Mailing Address<br>C/O ADT, INC.<br>2255 GLADES ROAD, SUITE 421-W<br>BOCA RATON FL 33487-9979 |
|--|---|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>03/10/1992</b>   | 3a. Date of Last Report<br><b>05/01/1996</b>           |
| 4. FEI Number<br><b>51-0338635</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|                                |                                 |
|--------------------------------|---------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address             |
| 21 Suite, Apt. #, etc.         | 26 <b>1750 Clint Moore Road</b> |
| 22 City & State                | 27 <b>P.O. Box 5035</b>         |
| 23 Zip                         | 28 <b>Boca Raton, FL</b>        |
| 24 Country                     | 29 <b>33431-0835</b>            |
| 25                             | 30 <b>USA</b>                   |

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | PD                         | <input type="checkbox"/> DELETE            |
| NAME           | JAN S. BECK                |  |
| STREET ADDRESS | 2255 GLADES RD. SUITE 421W |  |
| CITY-ST-ZIP    | BOCA RATON FL              |  |
| TITLE          | VSD                        | <input type="checkbox"/> DELETE            |
| NAME           | STEVEN J. LEVINE           |  |
| STREET ADDRESS | 2255 GLADES RD. SUITE 421W |  |
| CITY-ST-ZIP    | BOCA RATON FL              |  |
| TITLE          | AS                         | <input type="checkbox"/> DELETE            |
| NAME           | ANN M. OLBERT              |  |
| STREET ADDRESS | 2255 GLADES RD. SUITE 421W |  |
| CITY-ST-ZIP    | BOCA RATON FL              |  |
| TITLE          | AS                         | <input checked="" type="checkbox"/> DELETE |
| NAME           | SANDRA K. PARKER           |  |
| STREET ADDRESS | 2255 GLADES RD. SUITE 421W |  |
| CITY-ST-ZIP    | BOCA RATON FL              |  |
| 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          | President/Director           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | Jan S. Beck                  |  |
| 1.3 STREET ADDRESS | 1750 Clint Moore Rd.         |  |
| 1.4 CITY-ST-ZIP    | Boca Raton, FL 33487         |  |
| 2.1 TITLE          | Vice Pres/Secretary/Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | Steven J. Levine             |  |
| 2.3 STREET ADDRESS | 1750 Clint Moore Rd.         |  |
| 2.4 CITY-ST-ZIP    | Boca Raton, FL 33487         |  |
| 3.1 TITLE          | Treasurer                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | Ann M. Olbert                |  |
| 3.3 STREET ADDRESS | 1750 Clint Moore Rd.         |  |
| 3.4 CITY-ST-ZIP    | Boca Raton, FL 33487         |  |
| 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 do 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, on an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE **5/18/97** (Filing Date)

CR2E034 (9/96)