COPY

STATE OF ARIZONA
CORPORATION COMMISSION
CORPORATION ANNUAL REPORT
& CERTIFICATE OF DISCLOSURE

Arizona Corporation Commission

00265376

DUE ON OR BEFORE 03/14/2000 **FY99-00** **FILING FEE** $45.00

The following information is required by A.R.S. §10-1622 & §10-11622 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §10-121.A. & §10-3121.A. [redacted] Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation. See instructions for proper format. REFER TO THE INSTRUCTIONS ON PAGE 4.

-0792067-4

1. ALARM COMMUNICATIONS, INCORPORATED.
47433 N. Kelley Rd.
Phoenix, Az. 85029.

Not Mail Address

Mailing Address
P.O. 41295
Phx. Az. 85080

Business Phone: 623-465-[redacted]
State of Domicile: ARIZONA Type of Corporation: BUSINESS

RECEIVED
AUG 11 2000
ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

2. Arizona Statutory Agent: ROBERT JAMES ANDERSON
Street Address: 47433 N. KELLEY Rd.
(NOT P.O. BOX)
City, State, Zip: PHOENIX AZ 85029

NOA02-21.00
NOS 11/17/00

Use this box only if appointing a new Statutory Agent

[redacted]

I, (individual) or We, (corporation or limited liability company) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

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SEP 15 2000

Signature of new Statutory Agent

ACC USE ONLY
Fee $ 45
Penalty $ 45
Reinstate $
Expedite $
Resubmit $

199149 143216 167073

3. Secondary Address: [redacted]

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4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation:

BUSINESS CORPORATIONS

__ 1. Accounting	__ 20. Manufacturing	
__ 2. Advertising	__ 21. Mining	
__ 3. Aerospace	__ 22. News Media	
__ 4. Agriculture	__ 23. Pharmaceutical	
__ 5. Architecture	__ 24. Publishing/Printing	
__ 6. Banking/Finance	__ 25. Ranching/Livestock	
__ 7. Barbers/Cosmetology	__ 26. Real Estate	
__ 8. Construction	__ 27. Restaurant/Bar	
__ 9. Contractor	__ 28. Retail Sales	
__ 10. Credit/Collection	__ 29. Science/Research	
__ 11. Education	__ 30. Sports/Sporting Events	
__ 12. Engineering	__ 31. Technology(Computers)	
__ 13. Entertainment	__ 32. Technology(General)	
__ 14. General Consulting	__ 33. Television/Radio	
__ 15. Health Care	__ 34. Tourism/Convention Services	
__ 16. Hotel/Motel	__ 35. Transportation	
__ 17. Import/Export	__ 36. Utilities	
__ 18. Insurance	__ 37. Veterinary Medicine/Animal Care	
__ 19. Legal Services	✓ 38. Other _____	

NON-PROFIT CORPORATIONS

1. __ Charitable
2. __ Benevolent
3. __ Educational
4. __ Civic
5. __ Political
6. __ Religious
7. __ Social
8. __ Literary
9. __ Cultural
10. __ Athletic
11. __ Science/Research
12. __ Hospital/Health Care
13. __ Agricultural
14. __ Animal Husbandry
15. __ Homeowner's Association
16. __ Professional, commercial industrial or trade association
17. __ Other _____

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5. **CAPITALIZATION:** [redacted]
Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate.

Number of Shares/Certificates Authorized	Class	Series Within Class (if any)
NONE		

Number of Shares/Certificates Issued	Class	Series Within Class (if any)
NONE		

6. **SHAREHOLDERS:** [redacted]
List shareholders holding more than 20% of any class of shares issued by the corporation, or having more than a 20% beneficial interest in the corporation. PLEASE TYPE OR PRINT CLEARLY

NONE ☑ Name: _____ Name: _____

Name: _____ Name: _____

7. **OFFICERS** PLEASE TYPE OR PRINT CLEARLY.

Name: Robert James Andeeson. Name: _____

Title: Owner Title: _____

Address: P.O. 41295 Address: _____
Phx. Az. 85080

Date taking office: 1980 Date taking office: _____

Name: _____ Name: _____

Title: _____ Title: _____

Address: _____ Address: _____

Date taking office: _____ Date taking office: _____

8. **DIRECTORS** PLEASE TYPE OR PRINT CLEARLY

Name: Robert James Anderson Name: _____

Address: P.O. Box 41295 Address: _____
Phx, AZ 85080

Date taking office: 1980 Date taking office: _____

Name: _____ Name: _____

Address: _____ Address: _____

Date taking office: _____ Date taking office: _____

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Please Enter Corporation Name: _____

9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-11622.A.9)
Only nonprofit corporations must submit a financial statement (balance sheet including assets, liabilities and equity). All other forms of corporations are exempt from filing a financial disclosure.

9A. MEMBERS (A.R.S. § 10-11622.A.6) [redacted]

This corporation **does ☐ does not ☒** have members.

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-11622.A.7)
Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person controlling or holding more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been: [Underlined portion pertains to profit corporations only]

1. Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate?
2. Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate?
3. Or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violation of:

   (a) fraud or registration provisions of the securities laws of that jurisdiction, or
   (b) the consumer fraud laws of that jurisdiction, or
   (c) the antitrust or restraint of trade laws of that jurisdiction?

[redacted] **YES ☐ NO ☒**

If "YES", the following information must be submitted as an attachment to this report for each person subject to one or more of the actions stated in items 1. through 3. above.

1. Full name and prior names used.
2. Full birth name.
3. Present home address.
4. Prior addresses (for immediate preceding 7 year period).
5. Date and location of birth.
6. Social Security Number
7. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved, and the file or cause number of the case.

11. STATEMENT OF BANKRUPTCY (A.R.S. §§10-202.D.2 & 10-3202.02)
Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person controlling or holding more than 20% of the issued and outstanding common shares or 20% of any other proprietary, beneficial or membership interest in the corporation served in such capacity or held a 20% interest in any other corporation during the bankruptcy, receivership, or charter revocation of the other corporation? [Underlined portion pertains to profit corporations only]

[redacted] **YES ☐ NO ☒**

Chapter _____ Date Filed _____ Case Number _____

[redacted]

12. SIGNATURES

[redacted]

I, DECLARE, UNDER PENALTY OF LAW, THAT ALL CORPORATE INCOME TAX RETURNS REQUIRED BY TITLE 43 OF THE ARIZONA REVISED STATUTES HAVE BEEN FILED WITH THE ARIZONA DEPARTMENT OF REVENUE.

I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

Name Robert J. Andersen Date 8-4-00 Name SAME Date _____

Signature Robert J. Andersen Signature _____

Title Owner Title _____

(Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)