

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 20

1. Corporate ID No. 141146		2. Name of Corporation Security Associates International, Inc.				
3. Street Address Principal Business Office 2101 S. Arlington Heights Rd., Suite 150			City Arlington Heights	State L	^{Zip} 60005	
4. Business Phone No. 5. State of Incorporation 847-956-8650 Delaware						
. Brief Description of the Chara	cter of Business Condi	icted in Rhode Island		-		
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTA President Name Raymond A. Gross			CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name			
Street Address 2101 S. Arlington Heights Rd., Suite 150			Street Address			
City Arlington Heights	State L	^{Ζψ} 60005	City	State	Zip	
Secretary Name Brian E. Johnson			Treasurer Name Brian E. Johnson			
Street Address 2101 S. Arlington Heights Rd., Suite 150			Street Address 2101 S. Arlington Heights Rd., Suite 150			
Arlington Heights	State L	^{Zip} 60005	City Arlington Heights	State IL	^{Zip} 60005	
B. NAMES AND ADDRES Director Name Robin Rodriguez	SES OF THE DIR	ECTORS: ("X" BOX FOR ATT	ACHMENT) FILL IN S Director Name	spaces before usin	G ATTACHMENTS	
Street Address 2101 S. Arlington Heights Rd., Suite 150			Street Address			
Zity	State	Zip	City	State	Zip	
Arlington Heights][L	60005	Director Name		l	
Firector Name			Director Name			
Street Address			Street Address			
lity	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
This information is curre	ntly of record in	the Office of the Secretary of	Number of Shares	Class/Series	Par Value	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			407,168	Common	\$.001	
				THE STATE OF THE S	·	
This report must be execuhis report must be execu	uted on behalf of ted on behalf of t	the corporation by an authorize the corporation by the receiver	ed representative. If the cor or trustee.	rporation is in the hand	ls of a receiver or tru	

File Date 1-20	0-09
Check No. 4A	-852
B. ()	mnc
FOR SECRETARY OF S	TATE USE ONLY

	affirm that I have examined this report,
including any accompanying schedules	and statements, and that all statements
contained herein are true and correct	4m 1/15/04
Signature	Date
Brian E. Johnson	
Print or Type Name	
Secretary & Treasurer	