

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90067 049 ***150.00

DOCUMENT # F01000006371

1. Entity Name
GATE SAFE, INC.



Principal Place of Business
**11710 PLAZA AMERICA DR
SUITE 800
RESTON, VA 20190**

Mailing Address
**11710 PLAZA AMERICA DR
SUITE 800
RESTON, VA 20190**

40074526



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

04162007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

62-1870344

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required with re-stating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **CD** ☐ Delete
NAME **SIEGEL, DAVID N**
STREET ADDRESS **11710 PLAZA AMERICA DR SUITE 800**
CITY-ST-ZIP **RESTON, VA 20190**

TITLE **PD** ☐ Delete
NAME **DIDION, KEVIN**
STREET ADDRESS **11710 PLAZA AMERICA DR STE 800**
CITY-ST-ZIP **RESTON, VA 20190**

TITLE **T** ☐ Delete
NAME **GOEKE, DOUG**
STREET ADDRESS **11710 PLAZA AMERICA DR STE 800**
CITY-ST-ZIP **RESTON, VA 20190**

TITLE **T** ☐ Delete
NAME **LYTTON, ROBIN**
STREET ADDRESS **11710 PLAZA AMERICA DR STE 800**
CITY-ST-ZIP **RESTON, VA 20190**

TITLE **S** ☒ Delete
NAME **HOUGH, ANDREW**
STREET ADDRESS **11710 PLAZA AMERICA DR STE 800**
CITY-ST-ZIP **RESTON, VA 20190**

TITLE **T** ☐ Delete
NAME **O'DONNELL, SCOTT**
STREET ADDRESS **11710 PLAZA AMERICA DR SUITE 800**
CITY-ST-ZIP **RESTON, VA 20190**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T/S** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition
NAME **SUSAN JOE STONE**
STREET ADDRESS **11710 PLAZA AMERICA DR., STE 800**
CITY-ST-ZIP **RESTON, VA 20190**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SCOTT O'DONNELL** **4/16/2007** **(703) 964-2322**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #