


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90082 040 ***150.00

DOCUMENT # F04000003191

1. Entity Name
SECURITYCO, INC.



Principal Place of Business
**C/O GTCR GOLDEN RAUNER, LLC
 6100 SEARS TOWER
 CHICAGO, IL 60606**

Mailing Address
**C/O GTCR GOLDEN RAUNER, LLC
 6100 SEARS TOWER
 CHICAGO, IL 60606**

2. Principal Place of Business
2441 WARRENVILLE RD.

3. Mailing Address
2441 WARRENVILLE RD.

Suite, Apt. #, etc.
600

City & State
LISLE, IL

Zip
60532

Country
DuPAGE



02232005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
**CAPITOL CORPORATE SERVICES, INC.
 1333 N. DUVAL STREET
 TALLAHASSEE, FL 32303**

4. FEI Number
20-1044950

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME WHALL, TIMOTHY	
STREET ADDRESS 6100 SEARS TOWER	
CITY-ST-ZIP CHICAGO, IL 60606	
TITLE SD	<input type="checkbox"/> Delete
NAME TRUJILLO, DAVID I	
STREET ADDRESS 6100 SEARS TOWER	
CITY-ST-ZIP CHICAGO, IL 60606	
TITLE TD	<input type="checkbox"/> Delete
NAME ROCHE, COLLIN E	
STREET ADDRESS 6100 SEARS TOWER	
CITY-ST-ZIP CHICAGO, IL 60606	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Whall, Timothy	
STREET ADDRESS 2441 WARRENVILLE RD #600	
CITY-ST-ZIP LISLE, IL 60532	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Trujillo, David I.	
STREET ADDRESS 2441 WARRENVILLE RD #600	
CITY-ST-ZIP LISLE, IL 60532	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Roche, Colin E.	
STREET ADDRESS 2441 WARRENVILLE RD #600	
CITY-ST-ZIP LISLE, IL 60532	
TITLE S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STERN, DENNIS	
STREET ADDRESS 2441 WARRENVILLE RD #600	
CITY-ST-ZIP LISLE, IL 60532	
TITLE V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FORREST, SEAN	
STREET ADDRESS 2441 WARRENVILLE RD #600	
CITY-ST-ZIP LISLE, IL 60532	
TITLE D/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME COVERT, JAMES	
STREET ADDRESS 2441 WARRENVILLE RD #600	
CITY-ST-ZIP LISLE, IL 60532	

12. I 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 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: Timothy Whall - President **3/14/05** **630-245-7100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #