

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003191

FILED
May 19, 2009
Secretary of State

Entity Name: STANLEY CONVERGENT SECURITY SOLUTIONS, INC.

Current Principal Place of Business:

55 SHUMAN BLVD
SUITE 900
NAPERVILLE, IL 60563

New Principal Place of Business:

Current Mailing Address:

55 SHUMAN BLVD
SUITE 900
NAPERVILLE, IL 60563

New Mailing Address:

FEI Number: 20-1044950 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BYERLY, LANCE T
Address: 55 SHUMAN BLVD STE 900
City-St-Zip: NAPERVILLE, IL 60563

Title: VP () Delete
Name: BRESHINGHAM, DANIEL
Address: 55 SHUMAN BLVD STE 900
City-St-Zip: NAPERVILLE, IL 60563

Title: VCFO () Delete
Name: KANER, BRIAN
Address: 14670 CUMBERLAND ROAD
City-St-Zip: NOBLESVILLE, IN 46060

Title: VT () Delete
Name: DOUGLAS, CRAIG A
Address: 1000 STANLEY DRIVE
City-St-Zip: NEW BRITAIN, CT 06053

Title: AT () Delete
Name: CATALDO, JEFFREY D
Address: 1000 STANLEY DRIVE
City-St-Zip: NEW BRITAIN, CT 06053

Title: S () Delete
Name: BEATT, BRUCE H
Address: 1000 STANLEY DRIVE
City-St-Zip: NEW BRITAIN, CT 06053

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL M. BRESINGHAM

VP

05/19/2009

Electronic Signature of Signing Officer or Director

_____ Date