

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006631

FILED
Apr 13, 2009
Secretary of State

Entity Name: YALE ENFORCEMENT SERVICES, INC.

Current Principal Place of Business:

3601 NORTH BELT WEST
BELLEVILLE, IL 62226

New Principal Place of Business:

Current Mailing Address:

8019 N. HIMES AVE., STE. 401
TAMPA, FL 336142762

New Mailing Address:

5602 THOMPSON CENTER COURT
400
TAMPA, FL 33634 US

FEI Number: 37-0995579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORROW, LORI J MANAGER
8019 N. HIMES AVE.,
STE 401
TAMPA, FL 336142762 US

Name and Address of New Registered Agent:

MORROW, LORI J MANAGER
5602 THOMPSON CENTER COURT
STE 400
TAMPA, FL 33634 US

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: LORI J. MORROW

04/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: YALE, BARBARA
Address: 3601 NORTH BELT WEST
City-St-Zip: BELLEVILLE, IL 62226

Title: TREA () Delete
Name: KRNETA, JENNIFER
Address: 3601 NORTH BELT WEST
City-St-Zip: BELLEVILLE, IL 62226

Title: ST () Delete
Name: YALE, CHRISTOPHER
Address: 3601 NORTH BELT WEST
City-St-Zip: BELLEVILLE, IL 62226

Title: VP () Delete
Name: YALE, RICK A
Address: 3601 NORTH BELT WEST
City-St-Zip: BELLEVILLE, IL 62226

Title: DIR () Delete
Name: YALE, BARBARA G
Address: 3601 NORTH BELT WEST
City-St-Zip: BELLEVILLE, IL 62226

Title: DIR () Delete
Name: KRNETA, JENNIFER L
Address: 3601 NORTH BELT WEST
City-St-Zip: BELLEVILLE, IL 62226

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: BARBARA YALE

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date