

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006631

FILED
Mar 10, 2010
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:

5602 THOMPSON CENTER COURT
400
TAMPA, FL 33634 US

New Mailing Address:

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
5602 THOMPSON CENTER COURT
STE 400
TAMPA, FL 33634 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: BARBARA YALE

PRES

03/10/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date