

**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
97 JAN 30 PM 4: 13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE \$ 203.75** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee  
**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # M9600000295**  
  
SAFETY AND SECURITY SOLUTIONS, L.L.C.  
700 E. MAIN STREET, SUITE 1015  
RICHMOND VA ~~23218~~

1a. Principal Place of Business Address  
700 E. MAIN STREET, SUITE ~~101~~  
RICHMOND VA ~~23218~~

2. Principal Place of Business  
Suite, Apt. #, etc. *Suite 1015*  
City & State  
Zip *23219* Country

2a. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip *23219* Country

3. Date Organized or Qualified *08/05/1996* 3a. State of Formation *VA*  
4. FEI Number *64-1791821*  Applied For  Not Applicable  
5. Date of Last Report 6. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  
CORPORATION SERVICE X COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301 *no comma*


8. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
City **FL** Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	CREWS, JOHN WILLIAM	700 E. MAIN STREET, #1015	RICHMOND VA 23219
MGRM	HANCOCK, THOMAS F	700 E. MAIN STREET, #1015	RICHMOND VA 23219

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*-02/04/97--01010--014*  
*\*\*\*\*203.75 \*\*\*\*203.75*



11. I do 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 annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:**  **Thomas F. Hancock, III** *1/27/97* (804) 649-9338  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #