



File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M96000000295 SAFETY AND SECURITY SOLUTIONS, L.L.C. 700 E. MAIN STREET SUITE 1015 RICHMOND VA 32319		1a. Principal Place of Business Address 700 E. MAIN STREET SUITE 1015 RICHMOND VA 32319	
2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Post Office Box 1474	08/05/1996	VA
City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	54-1791821	
23219	USA	5. Date of Last Report	6. Certificate of Status Desired
	23218-1474	01/30/1997	<input type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		Name Street Address (P.O. Box Number is Not Acceptable) 200002449672--9 Suite, Apt. #, etc. -03/06/98--01106--015 ***188.75 ****188.75 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 _____	
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	CREWS, JOHN WILLIAM	700 E. MAIN STREET, #1015	RICHMOND VA
MGRM	HANCOCK, THOMAS F	700 E. MAIN STREET, #1015	RICHMOND VA

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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), 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** **02/24/98** **804-649-9333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #