

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
99 MAR 12 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company DOCUMENT # M97000000622 HIIPI GROUP PROTECTION LLC 2307 COMMONWEALTH DR. CHARLOTTESVILLE VA 22901

1a. Principal Place of Business Address 2307 COMMONWEALTH DR. CHARLOTTESVILLE VA 22901
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	3. Date Organized or Qualified 09/22/1997	3a. State of Formation VA
Country	Country	4. FEI Number 54-1847043	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report 03/27/1998	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent ABEL, MICHAEL A MCGUIRE, WOODS & BATTLE BARNETT CENTER, STE. 3550, 50 N. LAU JACKSONVILLE FL 32202
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8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL
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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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when terminating)
DATE _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	NATIONAL GROUP PROTE,	2307 COMMONWEALTH DR.	CHARLOTTESVILLE VA
MGR	SNYDER, ROBERT II	300 S. WACKER DR., STE. 26	CHICAGO IL

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: *[Signature]* 3-10-99 804-923-3085
SIGNATURE AND FULL LEGAL PRINTED NAME OF SIGNER MUST APPEAR ON FORM MANUALLY