## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

∢Sandra B. Morth≤m"

Secretary State DIVISION OF CORPORATIONS

1998 DOCUMENT # P34276

(6)

TAYLOR SECURITY & LOCK COMPANY. INC.

Principal Place of Business	Mailing Address
8565 ATLAS DRIVE	8585 ATLAS ORI
GAITHERSBURG MD 20877	GAITHERSBURG
US	US

**FILED** Feb 11 1998 8:00am Secretary of State



VE MD 20877 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/12/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 52-0994110 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Ζιρ Country 8. This corporation owes or has paid the current year Intangible 30 24 25 29 Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES ST. 82 Street Address (P.O. Box Number is Not Acceptable) STE. 105 83 TALLAHASSEE FL 32301 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typied or printed name of registered agent and title if applicable (NOTF Registered Agent signature required when reinstating) 2E034 (10/97) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PTO DELETE ☐ Change Addition TITLE 1.1 TITLE TAYLOR, JOEL L. NAME 1.2 NAME 9416 JON GRONER COURT STREET ADDRESS 1.3 STREET ADDRESS POTOMAC MD CITY-\$T-ZIP 1.4 CHTY-ST-ZIP DELETE Change Addition TITLE 21 THLE TAYLOR, MYRNA NAME 2.2 NAME 9416 JON GRONER COURT STREET ADDRESS 2.3 STREET ADDRESS POTOMAC MD -CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change \_\_\_ Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I 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 or supplemental annual report is true and accurate and that my signature that 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 in Block 12 or Block 13 if changed, or on an attachment with an address. 1/4/96