

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90373 026 ***150.00

0396242 AV

DOCUMENT # 217838

1. Entity Name
THE WACKENHUT CORPORATION



Principal Place of Business
**4200 WACKENHUT DRIVE
SUITE 102
PALM BEACH GARDENS FL 33410-4243
US**

Mailing Address
**4200 WACKENHUT DRIVE
SUITE 102
PALM BEACH GARDENS FL 33410-4243
US**

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-0857245** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

4400006J



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**KILBRIDE, ROBERT I
4200 WACKENHUT DRIVE
#100
PALM BEACH GARDENS FL 33410-4243**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOB WACKENHUT, RICHARD R 4200 WACKENHUT DRIVE, #100 PALM BEACH GARDENS FL 33410-4243 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC BERNSTEIN, ALAN B 388 EAGLE DR. JUPITER FL 33477 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SANDERS, GARY A 4200 WACKENHUT DRIVE, #100 PALM BEACH GARDENS FL 33410-4243 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP KILBRIDE, ROBERT L 4200 WACKENHUT DRIVE, #100 PALM BEACH GARDENS FL 33410-4243 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS NUSBAUM, SANDRA L 19121 NW 89 AVENUE MIAMI FL 33015 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KNEIP, ROBERT C 4200 WACKENHUT DRIVE, #100 PALM BEACH GARDENS FL 33410-4243 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
IAN GREEN V.P. TAX
Date **4/29/03** (561) 622-5656 Daytime Phone #

CR2E034 (10/02)