

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000006631

**FILED**  
**Mar 15, 2016**  
**Secretary of State**  
**CC6343016579**

**Entity Name:** YALE ENFORCEMENT SERVICES, INC.

**Current Principal Place of Business:**

3601 NORTH BELT WEST  
BELLEVILLE, IL 62226

**Current Mailing Address:**

3601 NORTH BELT WEST  
BELLEVILLE, IL 62226

**FEI Number:** 37-0995579

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MORROW, LORI J MANAGER  
5602 THOMPSON CENTER COURT  
STE 400  
TAMPA, FL 33634 US

*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.*

**SIGNATURE:** LORI MORROW

03/15/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name YALE, BARBARA  
Address 3601 NORTH BELT WEST  
City-State-Zip: BELLEVILLE IL 62226

Title TREA  
Name KRNETA, JENNIFER  
Address 3601 NORTH BELT WEST  
City-State-Zip: BELLEVILLE IL 62226

Title ST  
Name YALE, CHRISTOPHER  
Address 3601 NORTH BELT WEST  
City-State-Zip: BELLEVILLE IL 62226

Title VP  
Name YALE, RICK A  
Address 3601 NORTH BELT WEST  
City-State-Zip: BELLEVILLE IL 62226

Title DIR  
Name YALE, BARBARA G  
Address 3601 NORTH BELT WEST  
City-State-Zip: BELLEVILLE IL 62226

Title DIR  
Name KRNETA, JENNIFER L  
Address 3601 NORTH BELT WEST  
City-State-Zip: BELLEVILLE IL 62226

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BARBARA YALE

**PRESIDENT**

03/15/2016

Electronic Signature of Signing Officer/Director Detail

Date