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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **815965** (9)

1. Corporation Name
BRINK'S, INCORPORATED

Principal Place of Business	Mailing Address
% THE PITTSTON COMPANY P.O. BOX 120070 STAMFORD CT 06912	% THE PITTSTON COMPANY P.O. BOX 120070 STAMFORD CT 06912

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/02/1962	3a. Date of Last Report 05/01/1994
4. FBI Number 36-2478302	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. <i>c/o The Pittston Company</i>
22. City & State	27. <i>P.O. Box 4000</i>
23. Zip	28. <i>Lebanon VA</i>
24. Country	29. <i>24266</i>
30. Country	

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
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 _____ DATE _____
(Signature, name or printed name of registered agent and title of principal officer or director) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	FARRELL, J. C.
STREET ADDRESS	100 FIRST STAMFORD PL
CITY, ST, ZIP	STAMFORD CT
TITLE	PO
NAME	DAN, M. T.
STREET ADDRESS	THORNDAL CIRCLE
CITY, ST, ZIP	DARIEN CT
TITLE	V
NAME	DARAGAN, T. W.
STREET ADDRESS	THORNDAL CIRCLE
CITY, ST, ZIP	DARIEN CT
TITLE	V
NAME	REED, A.F.
STREET ADDRESS	100 FIRST STAMFORD PL
CITY, ST, ZIP	STAMFORD CT
TITLE	DV
NAME	WALSH, J.T.
STREET ADDRESS	THORNDAL CIRCLE
CITY, ST, ZIP	DAREEN CT
TITLE	AS
NAME	ROGLIANO, G. R.
STREET ADDRESS	100 FIRST STAMFORD PL
CITY, ST, ZIP	STAMFORD CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	C.E. Bolton	
1.3 STREET ADDRESS	100 1st Stamford Pl	
1.4 CITY - ST - ZIP	Stamford, CT	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *C.E. Bolton* **C.E. Bolton** 2/27/95 703-887-6331
(Signature and typed or printed name of signing officer or director) (Typed Name)