

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90147 030 ***150.00

DOCUMENT # 815965

1. Entity Name
BRINK'S, INCORPORATED



Principal Place of Business
**ONE THORNDAL CIRCLE
DARIEN CT 06820**

Mailing Address
**C/O THE PITTSOON COMPANY
1801 BAYBERRY CT., P.O. BOX 18100
RICHMOND VA 23226
US**

11033121



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-2478302**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **AT** ☒ Delete
NAME **KETRON, R.D.**
STREET ADDRESS **1801 BAYBERRY CIR, PO BOX 18100**
CITY-ST-ZIP **RICHMOND VA 23226-8100**

TITLE **AT** ☐ Change ☒ Addition
NAME **Murtaugh, G. K.**
STREET ADDRESS **1801 Bayberry Ct., PO Box 18100**
CITY-ST-ZIP **Richmond, VA 23226**

TITLE **CCEO** ☐ Delete
NAME **DAN, M. T.**
STREET ADDRESS **THORNDAL CIRCLE**
CITY-ST-ZIP **DARIEN CT**

TITLE ☒ Change ☐ Addition
NAME **1801 Bayberry Ct., PO Box 18100**
STREET ADDRESS **Richmond, VA 23226**
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **DARAGAN, T. W.**
STREET ADDRESS **THORNDAL CIRCLE**
CITY-ST-ZIP **DARIEN CT**

TITLE ☒ Change ☐ Addition
NAME **One Thorndal Circle**
STREET ADDRESS **Darien CT 06820**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **LANDRY, GARY**
STREET ADDRESS **1120 W VENICE BLVD.**
CITY-ST-ZIP **LOS ANGELES CA 90015**

TITLE ☒ Change ☐ Addition
NAME **VP**
STREET ADDRESS **One Thorndal Circle**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **CORRINI, CHRISTOPHER P**
STREET ADDRESS **ONE THOMDAL CIRCLE**
CITY-ST-ZIP **DARIEN CT 06820**

TITLE ☒ Change ☐ Addition
NAME **VP**
STREET ADDRESS **One Thorndal Circle**
CITY-ST-ZIP

TITLE **AS** ☒ Delete
NAME **VENTRILLO, JOAN K**
STREET ADDRESS **ONE THORNDAL CIRCLE**
CITY-ST-ZIP **DARIEN CT 06820**

TITLE ☐ Change ☒ Addition
NAME **AS**
STREET ADDRESS **Reed, A.F.**
CITY-ST-ZIP **1801 Bayberry Ct., PO Box 18100**
Richmond, VA 23226

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:

Genevieve Murtaugh **Genevieve murtaugh** 4/23/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)