


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

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90012 023 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 855029

1. Corporation Name
BORG-WARNER PROTECTIVE SERVICES CORPORATION

Principal Place of Business TWO CAMPUS DR. PARSIPPANY NJ 07054 US	Mailing Address 200 S. MICHIGAN AVE. CHICAGO IL 60604
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

3. Date Incorporated or Qualified 12/20/1982	
4. FEI Number 36-3179778	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 owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	D WOOD, TIMOTHY M
STREET ADDRESS	200 S MICHIGAN AVE.
CITY-ST-ZIP	CHICAGO IL
TITLE	<input type="checkbox"/> DELETE
NAME	AS BLIGH, DIANA W.
STREET ADDRESS	200 S MICHIGAN AVE.
CITY-ST-ZIP	CHICAGO IL
TITLE	<input type="checkbox"/> DELETE
NAME	S LACKEY, ROBERT T
STREET ADDRESS	200 S MICHIGAN AVE
CITY-ST-ZIP	CHICAGO IL 60604
TITLE	<input type="checkbox"/> DELETE
NAME	T COOPER, BRIAN S
STREET ADDRESS	200 S MICHIGAN AVE.
CITY-ST-ZIP	CHICAGO IL
TITLE	<input type="checkbox"/> DELETE
NAME	VD MCNULTY, JAMES F
STREET ADDRESS	1633 LITTLETON ROAD
CITY-ST-ZIP	PARSIPPANY NJ
TITLE	<input type="checkbox"/> DELETE
NAME	PD O'BRIEN, JOHN D
STREET ADDRESS	TWO CAMPUS DRIVE
CITY-ST-ZIP	PARSIPPANY NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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 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, with all other like empowered.

SIGNATURE: *Diana W. Bligh* **DIANA W. BLIGH** 7-14-99 312 322-8735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)