

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90016 044 ***550.00

DOCUMENT # 855029

1. Entity Name
BURNS INTERNATIONAL SECURITY SERVICES CORPORATIO ✓

Principal Place of Business Mailing Address
TWO CAMPUS DR. 200 S. MICHIGAN AVE.
PARSIPPANY NJ 07054 CHICAGO IL 60604
US

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **36-3179778** Applied For
 Not Applicable

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.

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Diana W. Bligh*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-00 **312-322-8735**
 Date Daytime Phone #

CR2E034 (5/00)