

# 2002 UNIFORM BUSINESS REPORT (UBR)

0615210 AT

**DOCUMENT # 855029**

1. Entity Name  
**BURNS INTERNATIONAL SECURITY SERVICES CORPORATIO  
 N**

APPROVED  
AND  
FILED

02 MAR 29 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address

**TWO CAMPUS DR.  
 PARSIPPANY NJ 07054  
 US**

**4330 PARK TERRACE DRIVE  
 WESTLAKE VILLAGE CA 91361**

2. Principal Place of Business 3. Mailing Address

*200 S. Michigan Ave*

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

*Chicago, IL*

Zip Country Zip Country

*60604*

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

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

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**800005194598-0**  
*-04/05/02--0022--012*  
 City **\*\*\*\*150. FL \*\*\*\*150.00 FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

*Please see attachment.*

11. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOC WALKER, DON W 200 S MICHIGAN AVE. CHICAGO IL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SKARHOLT, AMUND 200 S MICHIGAN AVE. CHICAGO IL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVCF WINBERG, HAKAN 3 MAPLES WAY - BERKSHIRE HOUSE MIDDLESEX TW137AW UK</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EV CERAR, LAURA J 4330 PARK TERRACE DRIVE WESTLAKE VILLAGE CA</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EV MCNULTY, JAMES F III 200 S. MICHIGAN AVENUE CHICAGO IL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVT FERENS, RICHARD 4330 PARK TERRACE DRIVE WESTLAKE VILLAGE CA</b>	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP, General Counsel and Secretary Frederick W. London 4330 Park Terrace Dr. Westlake Village, CA 91361</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP Finance and Controller Robert W. Heyert Two Campus Dr. Parsippany, NJ 07054</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP Finance and CFO Steven A. Lindsey 4330 Park Terrace Dr. Westlake Village, CA 91361</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Treasurer James Laria Two Campus Dr. Parsippany, NJ 07054</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary Peter Robbins Two Campus Dr. Parsippany, NJ 07054</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary Rita Conello Two Campus Dr. Parsippany, NJ 07054</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition

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:** SIGNATURE REQUIRED *3/24/02* (588) 706-6800  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

**ATTACHMENT TO THE STATE OF FLORIDA  
FOREIGN CORPORATION ANNUAL REPORT  
ON BEHALF OF  
BURNS INTERNATIONAL SECURITY SERVICES CORPORATION  
(A Delaware Corporation)**

**Additional Officers:**

<u>Name</u>	<u>Title Held</u>	<u>Address</u>
Albert Y. Park	Assistant Secretary	4330 Park Terrace Dr. Westlake Village, CA 91361

**CT CORPORATION**

CORPORATION(S) NAME

1) Burns International Security Services Corporation

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input checked="" type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

3/29/02

Order#: 5237294

Ref#: \_\_\_\_\_ kf

Amount: \$ \_\_\_\_\_

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

RECEIVED  
02 MAR 29 AM 11:32  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
STATE