

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 855029

FILED  
Apr 15, 2008  
Secretary of State

Entity Name: BURNS INTERNATIONAL SECURITY SERVICES CORPORATION

## Current Principal Place of Business:

4330 PARK TERRACE DRIVE  
WESTLAKE VILLAGE, CA 91361 US

## New Principal Place of Business:

TWO CAMPUS DRIVE  
PARSIPPANY, NJ 07054 US

## Current Mailing Address:

4330 PARK TERRACE DRIVE  
WESTLAKE VILLAGE, CA 91361

## New Mailing Address:

FEI Number: 36-3179778      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES INC  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FERENS, RICHARD  
Address: 4330 PARK TERRACE DRIVE  
City-St-Zip: WESTLAKE VILLAGE, CA 91361

Title: VPSD ( ) Delete  
Name: FOX, JAMES H  
Address: 4330 PARK TERRACE DR  
City-St-Zip: WESTLAKE VILLAGE, CA 91361

Title: T ( ) Delete  
Name: CANTLON, THOMAS  
Address: TWO CAMPUS DR  
City-St-Zip: PARSIPPANY, NJ 07054

Title: AS (X) Delete  
Name: PARK, ALBERT Y  
Address: 4330 PARK TERRACE DR  
City-St-Zip: WESTLAKE VILLAGE, CA 91361

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CANTLON, THOMAS C  
Address: TWO CAMPUS DRIVE  
City-St-Zip: PARSIPPANY, NJ 07054

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: CANTLON, THOMAS C  
Address: TWO CAMPUS DRIVE  
City-St-Zip: PARSIPPANY, NJ 07054

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES H. FOX

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04/15/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date