2003 FOR PROFIT CORPORATION

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DOCUMENT # F0000005793					-u =D		
VANCE UNIFORMED PROTECTION SERVICES, INC.					FILED 03 NOV 14 AM 11: 30		
·•	e of Business GRANITE DR STE 201 22124	Mailing Address 10487 WHITE GRANITE DR., STE 201 OAKTON-VA-22124		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 3. Meiling Address					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Suite, Apt. #, etc.		13515 Ballantyne Corporate Place Charlotte, NC 28277		Place	PETMENTERSTERS	3 CHANGES	53
City & Stat	e	City & State			4. FEI Number 54-1497712	Ap	pplied Force
Zip Country		Zip	Country		5. Certificate of Status Desired	\$8.75 Add	litional
	6. Name and Address of Current P	legistered Agent	' 		7. Name and Address of New Registered		
			Name	Name .			
C T CORPORATION SYSTEM				Chrost Addrson (FO. Dou Number in Net Association)			
1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324						***	
			City			Zin Code	
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. Claudia L. Saari 1/2/02							
SIGNATURE CLAUSICA A /CANCE Asst Secretary 11/7/03							
Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required wire required wire reinstating) DAYE							
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 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 D		1 44		ADDITIONS OF THE CERTIFIES AND	- Diprotopy	5,00
TITLE	VD OFFICERS AND L	Delete	11.	Τ	ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
NAME	MOORE III, OBIE R	L_J Delete	NAME	1		La Guange	Addition
STREET ADDRESS	6511 WHITE POST ROAD		STREET ADDRESS	3		•	
CITY-ST-ZIP	CENTREVILLE VA		CITY-ST-ZIP		n.		
TITLE	S	[] Delete	TITLE	1		[] Change	☐ Addition
NAME	WEGNER, BRENT A		NAME	}	2000239860	52	
STREET ADDRESS	3501 N 18TH ST		STREET ADDRESS	;		**750.0	0
CITY-ST-ZIP	ARLINGTON VA		CITY-ST-ZIP	<u> </u>			}
TITLE	T	Delete	TITLE		easurel	Change	☐ Addition
NAME APPROPRIE	PARILLO, PIETRO		NAME	A	NDREW J. KLEMM	· H	l
STREET ADDRESS	55 FOX LANE		STREET ADDRESS		167 white Granite De	· #210	
CITY-ST-ZIP	-WHITE-POST-VA-22663				akton, wa 22124		
TITLE	PD Bowron, Eljay B	Delete	TITLE		unident/Director	Change Change	☐ Addition
NAME STREET ADDRESS	11561 CLARA BARTON DR.		NAME STREET ADDRESS	. I	EW T LADAU 167 white Granite De	#210	o }
CITY-ST-ZIP	FAIRFAX STATION VA 22039		CITY-ST-ZIP	102		·/	-
TITLE		☐ Delete	TITLE	1 00	ilcton, 119 22124	Change	Addition
NAME		CT Delete	NAME			C cuande	Addition
STREET ADDRESS			STREET ADDRESS	; {	· \ 18		-
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP]	1		J
TITLE		☐ Delete	TITLE			Change	☐ Addition
NAME			NAME	1		- •	j
STREET ADDRESS			STREET ADDRESS	;]
CITY-ST-ZIP			CITY-ST-ZIP				
12. hereby c	ertify that the information supplied with t	his filing does not qualify for	the exemption st	ated in Sec	ction 119.07(3)(i), Florida Statutes. I further ce	rtify that the in	formation

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:

SIDULTIME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

703385-6754 Daytime Phone #