

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000006047

**FILED**  
**Mar 21, 2011**  
**Secretary of State**

**Entity Name:** MCROBERTS PROTECTIVE AGENCY, INC.

**Current Principal Place of Business:**

87 NASSAU STREET  
2ND FLOOR  
NEW YORK, NY 10038

**New Principal Place of Business:**

**Current Mailing Address:**

87 NASSAU STREET  
2ND FLOOR  
NEW YORK, NY 10038

**New Mailing Address:**

**FEI Number:** 13-5240158

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NATIONAL CORPORATE RESEARCH, LTD., INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301 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

**OFFICERS AND DIRECTORS:**

Title: CPD  
Name: MCROBERTS, MEREDITH  
Address: 87 NASSAU STREET, 2ND FLOOR  
City-St-Zip: NEW YORK, NY 10038

Title: STD  
Name: CHLUDZINSKI, JEFFREY J  
Address: 87 NASSAU STREET, 2ND FL  
City-St-Zip: NEW YORK, NY 10038

Title: D  
Name: VILLIAROLA, LOUIS  
Address: 87 NASSAU STREET, 2ND FL  
City-St-Zip: NEW YORK, NY 10038

Title: D  
Name: LUTZ, MICHAEL  
Address: 87 NASSAU STREET  
City-St-Zip: NEW YORK, NY 10038

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL LUTZ

D

03/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date