

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90105 050 ***550.00

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1. Entity Name

WORLDWIDE SECURITY SERVICES, LTD. CORPORATION



Principal Place of Business

**201 EAST OGDEN AVE., STE 208
HINSDALE IL 60521**

Mailing Address

**201 EAST OGDEN AVE., STE 208
HINSDALE IL 60521**

2. Principal Place of Business

480 Quadrangle Drive

3. Mailing Address

480 Quadrangle Drive

Suite, Apt. #, etc.

Suite C

Suite, Apt. #, etc.

Suite C

City & State

Bolingbrook, IL

City & State

Bolingbrook, IL

4. FEI Number

36-3833197

Applied For

Not Applicable

Zip

60440

Country

USA

Zip

60440

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required.**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 DIRECTORS

TITLE ☐ Delete

**PD
NAME COE, ROBERT L.
STREET ADDRESS 201 EAST OGDEN AVE., STE 208
CITY-ST-ZIP HINSDALE IL**

TITLE ☐ Delete

**STD
NAME JACOBSEN, JAMES D
STREET ADDRESS 201 EAST OGDEN AVE., STE 208
CITY-ST-ZIP HINSDALE IL**

TITLE ☐ Delete

**V
NAME PARK, JERRY E
STREET ADDRESS 201 EAST OGDEN AVE., STE 208
CITY-ST-ZIP HINSDALE IL**

TITLE ☒ Delete

**V
NAME MCDONALD, EDWARD J
STREET ADDRESS 201 EAST OGDEN AVE., STE 208
CITY-ST-ZIP HINSDALE IL**

TITLE ☐ Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

**D
NAME Coe, Robert L
STREET ADDRESS 480 Quadrangle Dr., Suite C
CITY-ST-ZIP Bolingbrook, IL 60440**

TITLE ☒ Change ☐ Addition

**STD
NAME Jacobson, James D
STREET ADDRESS 480 Quadrangle Dr., Suite C
CITY-ST-ZIP Bolingbrook, IL 60440**

TITLE ☒ Change ☐ Addition

**V
NAME Park, Jerry E
STREET ADDRESS 480 Quadrangle Dr., Suite C
CITY-ST-ZIP Bolingbrook, IL 60440**

TITLE ☐ Change ☒ Addition

**V
NAME Warwick, William
STREET ADDRESS 1630 Duke Street, Suite 200
CITY-ST-ZIP Alexandria, VA 22314**

TITLE ☐ Change ☐ Addition

**P
NAME Libby, Seth
STREET ADDRESS 1630 Duke Street, Suite 200
CITY-ST-ZIP Alexandria, VA 22314**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

630.771.0800

Date

Daytime Phone #

CR2E034 (4/03)