

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90741 047 ***150.00

DOCUMENT # F02000004422

1. Entity Name
**AMERICAN COMMERCIAL SECURITY SERVICES OF
NEW YORK, INC.**



Principal Place of Business

**330 SEVENTH AVE
15TH FL
NEW YORK, NY 10001**

Mailing Address

**160 PACIFIC AVENUE, SUITE 222
SAN FRANCISCO, CA 94111**

34048704

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

04202004

Chg-P

CR2E034 (10/03)

4. FEI Number

95-3191805

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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 \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SLIPSAGER, HENRIK C**
STREET ADDRESS **160 PACIFIC AVENUE, SUITE 222**
CITY-ST-ZIP **SAN FRANCISCO, CA 94111**

TITLE **PST** ☒ Delete
NAME **SCHWARTZ, MILTON**
STREET ADDRESS **330 SEVENTH AVENUE**
CITY-ST-ZIP **NEW YORK CITY, NY 10001**

TITLE **VP** ☐ Delete
NAME **SCHWARTZ, MILTON**
STREET ADDRESS **330 SEVENTH AVENUE**
CITY-ST-ZIP **NEW YORK CITY, NY 10001**

TITLE **T** ☐ Delete
NAME **FARWELL, DAVID L.**
STREET ADDRESS **160 PACIFIC AVE.**
CITY-ST-ZIP **SAN FRANCISCO, CA. 94111**

TITLE **CEO/D** ☐ Delete
NAME **Benton, JESS E. III**
STREET ADDRESS **160 PACIFIC AVE.**
CITY-ST-ZIP **SAN FRANCISCO, CA. 94111**

TITLE **CFO/D** ☐ Delete
NAME **SUNDBY, GEORGE B.**
STREET ADDRESS **160 PACIFIC AVE.**
CITY-ST-ZIP **SAN FRANCISCO, CA. 94111**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PST** ☒ Change ☐ Addition
NAME **MOORE, JOHN**
STREET ADDRESS **2135 GULF CENTRAL**
CITY-ST-ZIP **HOUSTON, TX 77023**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE *David L. Farwell*

DAVID L. FARWELL

4-28-04

415-733-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #