## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000003673

Title:

Name:

Address:

City-St-Zip:

DAS

LUCKING, PAUL M

BRENTWOOD, TN 37027

( ) Delete

1003 LOCKOUT RIDGE PRIVATE DRIVE

Entity Name: CASTLEROCK SECURITY GROUP, INC.

FILED Apr 07, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1821 WALDEN OFFICE SQUARE, SUITE 400 SCHAUMBURG, IL 60173 **Current Mailing Address: New Mailing Address:** 1821 WALDEN OFFICE SQUARE, SUITE 400 SCHAUMBURG, IL 60173 FEI Number: 32-0080371 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition GROSS, RAYMOND A Name: Name: 7495 PORTO VECCHIO PLACE Address: Address: City-St-Zip: DELRAY BACH, FL 33446 City-St-Zip: Title: Title: () Delete () Change () Addition Name: GERMAN, JAMES M Name: 10 HUBBELL COURT Address: Address: BARRINGTON, IL 60010 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: STD () Change () Addition TALCOTT, RANDALL L Name: Name: 4641 N. MAGNOLIA AVE. Address: Address: City-St-Zip: CHICAGO, IL 60640 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: RANDALL L TALCOTT STD 04/07/2005

() Change () Addition