

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003673

FILED  
Mar 04, 2008  
Secretary of State

Entity Name: CASTLEROCK SECURITY GROUP, INC.

## Current Principal Place of Business:

1821 WALDEN OFFICE SQUARE, SUITE 400  
SCHAUMBURG, IL 60173

## New Principal Place of Business:

## Current Mailing Address:

1821 WALDEN OFFICE SQUARE, SUITE 400  
SCHAUMBURG, IL 60173

## New Mailing Address:

FEI Number: 32-0080371

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: GROSS, RAYMOND A  
Address: 2101 S. ARLINGTON HEIGHTS RD., SUITE 150  
City-St-Zip: ARLINGTON HEIGHTS, IL 60005

Title: PD ( ) Delete  
Name: GERMAN, JAMES M  
Address: 10 HUBBELL COURT  
City-St-Zip: BARRINGTON, IL 60010

Title: STD ( ) Delete  
Name: TALCOTT, RANDALL L  
Address: 2101 S. ARLINGTON HEIGHTS RD., SUITE 150  
City-St-Zip: ARLINGTON HEIGHTS, IL 60005

Title: DAS ( ) Delete  
Name: LUCKING, PAUL M  
Address: 1003 LOCKOUT RIDGE PRIVATE DRIVE  
City-St-Zip: BRENTWOOD, TN 37027

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: JOHNSON, BRIAN E  
Address: 2101 S. ARLINGTON HEIGHTS RD., SUITE 150  
City-St-Zip: ARLINGTON HEIGHTS, IL 60005

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: JAMES M GERMAN

PD

03/04/2008

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

\_\_\_\_\_  
Date