

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001911

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: SECURITY DESIGN, INC.

## Current Principal Place of Business:

12700-31 MILE RD  
WASHINGTON, MI 48095

## New Principal Place of Business:

## Current Mailing Address:

12700-31 MILE RD  
WASHINGTON, MI 48095

## New Mailing Address:

FEI Number: 38-2999022      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: CEO ( ) Delete  
Name: CAPUTO, ANTHONY J  
Address: 29199 RYAN ROAD  
City-St-Zip: WARREN, MI 48092

Title: PRD ( ) Delete  
Name: ROCHON, DONALD M  
Address: 12700 31 MILE ROAD  
City-St-Zip: WASHINGTON, MI 48095

Title: SECD ( ) Delete  
Name: KROLL, PAMELA M  
Address: 29199 RYAN ROAD  
City-St-Zip: WARREN, MI 48092

Title: VP ( ) Delete  
Name: POWELL, JAMES M  
Address: 4803 WEST AVENUE  
City-St-Zip: SAN ANTONIO, TX 78213

Title: TREA ( ) Delete  
Name: ZIOBRO, SUZANNE E  
Address: 12700 - 31 MILE ROAD  
City-St-Zip: WASHINGTON, MI 48095 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: SUZANNE E. ZIOBRO

TREA

03/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date