

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000001884

Entity Name: APOLLO SECURITY, INC.

FILED
Oct 27, 2008
Secretary of State

Current Principal Place of Business:

2150 BOSTON PROVIDENCE HWY
WALPOLE, MA 02081

New Principal Place of Business:

Current Mailing Address:

2150 BOSTON PROVIDENCE HWY
WALPOLE, MA 02081

New Mailing Address:

FEI Number: 04-3097142

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: DAWN FRANTZ

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CCEO () Delete
Name: CROWLEY, DENNIS M JR
Address: 2150 BOSTON PROVIDENCE HWY
City-St-Zip: WALPOLE, MA 02081

Title: VC () Delete
Name: RYER, RICHARD T
Address: 2150 BOSTON PROVIDENCE HWY
City-St-Zip: WALPOLE, MA 02081

Title: DS () Delete
Name: CROWLEY, DENNIS M III
Address: 2150 BOSTON PROVIDENCE HWY
City-St-Zip: WALPOLE, MA 02081

Title: D () Delete
Name: MESSIER, MARK R
Address: 2150 BOSTON PROVIDENCE HWY
City-St-Zip: WALPOLE, MA 02081

Title: D () Delete
Name: CROWLEY, MARGARET M
Address: 2150 BOSTON PROVIDENCE HWY
City-St-Zip: WALPOLE, MA 02081

Title: D () Delete
Name: JENKINS, KENNETH D
Address: 2150 BOSTON PROVIDENCE HWY
City-St-Zip: WALPOLE, MA 02081

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:

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: DENNIS M CROWLEY, III

DS

10/27/2008

Electronic Signature of Signing Officer or Director

Date