2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001939

Name:

Address:

City-St-Zip:

FILED Jul 07, 2008 Secretary of State

| Entity Nan | ne: DEFENDI | ER SECURITY COMPANY | | | | |
|---|--|---|-----------|--|---|---|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | |
| 6100 N KEYSTONE - STE 654 INDIANAPOLIS, IN 46220 | | | | 3750 PRIORITY WAY SOUTH DRIVE - SUITE 200 INDIANAPOLIS, IN 46240 | | |
| Current Mailing Address: | | | | New Mailing Address: | | |
| 6100 N KEYSTONE - STE 654 INDIANAPOLIS, IN 46220 | | | | 3750 PRIORITY WAY SOUTH DRIVE - SUITE 200 INDIANAPOLIS, IN 46240 | | |
| FEI Number: | 35-2042072 | FEI Number Applied For() | FEI Nun | nber Not Appli | icable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | |
| 1200 SOUT PLANTATION | ORATION SYS TH PINE ISLAN ON, FL 33324 named entity s | ND ROAD US | purpose o | f changing it | ts registere | ed office or registered agent, or both, |
| in the State | | | | 0 0 | J | , |
| SIGNATUR | | | | | | |
| Election Can | e with s. 607.19 | ic Signature of Registered Ag 3(2)(b), F.S., the corporation did n I Trust Fund Contribution (). FORS: | | | | Date ES TO OFFICERS AND DIRECTORS: |
| Title: Name: Address: City-St-Zip: | P () LINDSEY, DAVI 7646 TIMBER O INDIANAPOLIS, | REEK CT | | Title: Name: Address: City-St-Zip: | P LINDSEY, I 12139 RAN FISHERS, I | GEVIEW COURT |
| Title: Name: Address: City-St-Zip: | ST () LINDSEY, JESS 7646 TIMBER O INDIANAPOLIS, | REEK CT | | Title: Name: Address: City-St-Zip: | ST LINDSEY, 3 12139 RAN FISHERS, I | GEVIEW COURT |
| Title: | () | Delete | | Title: | VP | () Change (X) Addition |

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.

Name:

Address:

City-St-Zip:

CORLISS, JOHN D

CARMEL, IN 46032

1845 FAIRMOUNT STREET

SIGNATURE: JOHN CORLISS VP 07/07/2008