

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

*Florida*

FILED

08 FEB 12 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F06000006823

1. Entity Name  
BROWN SECURITY DESIGNS, INC.



Principal Place of Business  
701 SENECA ST  
BUFFALO, NY 14210

Mailing Address  
5690 DTC BLVD  
STE 100  
ENGLEWOOD, CO 80111

**DO NOT WRITE IN THIS SPACE**



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number  
16-1078609

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEO Finance Director
NAME	<del>MILVENEY, MARK</del> David Marchant Charlene Lee
STREET ADDRESS	5690 DTC BLVD - STE 100
CITY-ST-ZIP	ENGLEWOOD, CO 80111
TITLE	CEO President
NAME	<del>JOHNSON, GREG</del> Antonio Cintra
STREET ADDRESS	<del>5690 DTC BLVD - STE 100</del> 9 Farm Springs Rd.
CITY-ST-ZIP	<del>ENGLEWOOD, CO 80111</del> Farmington, CT 06032
TITLE	Secretary
NAME	Jon Martin
STREET ADDRESS	9 Farm Springs Rd.
CITY-ST-ZIP	Farmington, CT 06032
TITLE	Director
NAME	Harold Folsom
STREET ADDRESS	9 Farm Springs Rd
CITY-ST-ZIP	Farmington, CT 06032
TITLE	Director
NAME	Rahul Ghai
STREET ADDRESS	9 Farm Springs Rd.
CITY-ST-ZIP	Farmington, CT 06032
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/29/08--01012--022 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

*jc 2/12*

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Jon Martin 1/15/08 860-284-3198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #