

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000002412

**FILED**  
**Jan 11, 2012**  
**Secretary of State**

**Entity Name:** STV SECURITY SOLUTIONS GROUP, INC.

**Current Principal Place of Business:**

205 WEST WELSH DR.  
DOUGLASVILLE, PA 19518

**New Principal Place of Business:**

**Current Mailing Address:**

205 WEST WELSH DR.  
DOUGLASVILLE, PA 19518

**New Mailing Address:**

**FEI Number:** 26-2410073

**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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: RIVERSO, MILO E  
Address: 225 PARK AVE. SOUTH  
City-St-Zip: NEW YORK, NY 10003

Title: D  
Name: SERVEDIO, DOMINICK M  
Address: 225 W. WELSH DR.  
City-St-Zip: NEW YORK, NY 10003

Title: DST  
Name: KNIPE, PETER W  
Address: 205 WEST WELSH DR.  
City-St-Zip: DOUGLASVILLE, PA 19518

I hereby 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 all other like empowered.

SIGNATURE: PETER W. KNIPE

SEC

01/11/2012

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

\_\_\_\_\_  
Date