FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F19354

1. Corporation Name

Perry Protection Services

600001478906
-05/08/95--01056--012
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
M/S#KSWES80109 2330 SHAWNEE MISSION PKWY WESTWOOD KS 66205 US	M/S#KSWES80109 2330 SHAWNEE MISSION PKWY WESTWOOD KS 66205 US

3. Date Incorporated or Qualified: ~~04/04/1973~~ 02/12/1981
3a. Date of Last Report: ~~05/04/1994~~ 3/4/1993

2. Principal Place of Business
21 2330 Shawnee Mission Parkway
Suite, Apt #, etc. 22
City & State 23 Westwood, KS
Zip 24 66205 County 25

2a. Mailing Address
26 2330 Shawnee Mission Pkwy
Suite, Apt #, etc. 27
City & State 28 Westwood, KS
Zip 29 66205 County 30

4. FEI Number: 59-~~2350243~~ 2099748 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PASD	TITLE	☐ Change ☐ Addition
NAME	JENSEN, DON A	NAME	
STREET ADDRESS	2330 SHAWNEE MISSION PKW	STREET ADDRESS	
CITY ST ZIP	WESTWOOD KS	CITY ST ZIP	
TITLE	~~VD~~	TITLE	Vice President ☒ Change ☐ Addition
NAME	~~MEYER, JOHN P~~ Michael T. Hyde	NAME	Michael T. Hyde
STREET ADDRESS	~~2330 SHAWNEE MISSION~~ PKY	STREET ADDRESS	2330 Shawnee Mission Parkway
CITY ST ZIP	~~WESTWOOD KS~~	CITY ST ZIP	Westwood KS 66205
TITLE	VTD	TITLE	~~Vice President and Secretary~~ ☐ Change ☐ Addition
NAME	STANDORD, JEANNINE M	NAME	
STREET ADDRESS	2330 SHAWNEE MISSION PKW	STREET ADDRESS	
CITY ST ZIP	WESTWOOD KS	CITY ST ZIP	
TITLE	~~S~~	TITLE	Asst. Secretary ☒ Change ☐ Addition
NAME	~~HYDE, MICHAEL T~~	NAME	Carolyn S. Love
STREET ADDRESS	~~2330 SHAWNEE MISSION PKW~~	STREET ADDRESS	2330 Shawnee Mission Parkway
CITY ST ZIP	~~KANSAS CITY MO~~	CITY ST ZIP	Westwood Kansas 66205
TITLE		TITLE	Vice President and Secretary ☐ Change ☒ Addition
NAME		NAME	Marion W. O'Neill
STREET ADDRESS		STREET ADDRESS	2330 Shawnee Mission Parkway
CITY ST ZIP		CITY ST ZIP	Westwood, KS 66205
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Don A Jensen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95
Date

(913)624-2526
Daytime Phone Number

0386662 CP