

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F92000000498

1. Entity Name
BRINK'S INTERNATIONAL MANAGEMENT GROUP, INC.



**FILED
Feb 10, 2005 8:00 am
Secretary of State**

02-10-2005 90059 047 ***150.00

50013457

02022005 Chg-P CR2E034 (10/03)

Principal Place of Business		Mailing Address					
1801 BAYBERRY CT PO BOX 18100 RICHMOND, VA 23226 US		C/O THE BRINK'S COMPANY 1801 BAYBERRY CT PO BOX 18100 RICHMOND, VA 23226 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				<input type="text"/> Name <input type="text"/> Street Address (P.O. Box Number is Not Acceptable) <input type="text"/> City FL <input type="text"/> Zip Code			

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 reconstituting) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO DAN, MT 1801 BAYBERRY CT., POB 18100 RICHMOND, VA 23226	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir Gary Larsen 1801 Bayberry Ct PO Box 18100 Richmond, Va 23226	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT GENEVIEVE, MURTAUGH K 1801 BAYBERRY CT., POB 18100 RICHMOND, VA 23226	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Richard Tangerd 1801 Bayberry Ct PO Box Richmond, Va 23226	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLANAGAN, MARI JO ONE THORNDAL CIRCLE DARIEN, CT 06820	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLD, RICHARD 1801 BAYBERRY CT PO BOX 18100 RICHMOND, VA 232268100	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARTOUGH, JAMES 1801 BAYBERRY CT., POB 18100 RICHMOND, VA 23226	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS REED, AUSTIN 1801 BAYBERRY CT PO BOX 1810 RICHMOND, VA 232268100	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Tangerd, Ass't 2-3-2005
Treasurer

Date Daytime Phone #