

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90014 025 \*\*\*150.00

0547765

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
--	---	--

**DOCUMENT # F93000004031**

1. Corporation Name

**MULTIMEDIA SECURITY SERVICE, INC.**



Principal Place of Business <b>1100 WILSON BLVD</b> <b>ARLINGTON VA 22234</b> <b>US</b>	Mailing Address <b>C/O GANNETT CO INC</b> <b>1100 WILSON BLVD TAX DEP</b> <b>ARLINGTON VA 22234</b> <b>US</b>
--	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/03/1993</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>57-0966192</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country	29 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURRUS, MICHAEL C</b>	1.2 NAME	
STREET ADDRESS	<b>1100 WILSON BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ARLINGTON VA</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLEMING, DAVID P</b>	2.2 NAME	
STREET ADDRESS	<b>1100 WILSON BLVD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ARLINGTON VA</b>	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, JIMMY L</b>	3.2 NAME	<b>VPT</b>
STREET ADDRESS	<b>1100 WILSON BLVD</b>	3.3 STREET ADDRESS	<b>GRACIA C. MARTORE</b>
CITY-ST-ZIP	<b>ARLINGTON VA</b>	3.4 CITY-ST-ZIP	<b>1100 WILSON BLVD.</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHAPPLE, THOMAS L</b>	4.2 NAME	
STREET ADDRESS	<b>1100 WILSON BLVD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ARLINGTON VA</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BALDWIN, CHRISTOPHER W</b>	5.2 NAME	
STREET ADDRESS	<b>1100 WILSON BLVD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ARLINGTON VA</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CURLEY, JOHN J</b>	6.2 NAME	
STREET ADDRESS	<b>1100 WILSON BLVD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ARLINGTON VA</b>	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: **Christopher W. Baldwin, Assistant Treasurer** 4/9/99 703-284-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)