

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005740

FILED
Sep 15, 2005
Secretary of State

Entity Name: CORRECTIONAL SERVICES CORPORATION

Current Principal Place of Business:

1819 MAIN STREET
SUITE 1000
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

1819 MAIN STREET
SUITE 1000
SARASOTA, FL 34236 US

New Mailing Address:

FEI Number: 11-3182580 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SLATTERY, JAMES F CEO
Address: 8150 PERRY MAXWELL CIRCLE
City-St-Zip: SARASOTA, FL

Title: D () Delete
Name: BORGIDA, CHET
Address: 1819 MAIN STREET
City-St-Zip: SARASOTA, FL 34236 US

Title: D () Delete
Name: HUSKEY, BOBBIE L
Address: 1819 MAIN STREET
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: SPEISMAN, AARON
Address: 5845 N.W. 23RD TERRACE
City-St-Zip: BOCA RATON, FL

Title: VT () Delete
Name: WAGNER, BERNARD A
Address: 1819 MAIN STREET, SUITE 1000
City-St-Zip: SARASOTA, FL 34236

Title: DC () Delete
Name: GERSON, STUART M
Address: 1227 25TH STREET N.W.
City-St-Zip: WASHINGTON, DC

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOHN R. MENTZER, III

VP

09/15/2005

Electronic Signature of Signing Officer or Director

_____ Date