


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000002167

1. Entity Name
VECTOR SECURITY, INC.



Principal Place of Business 3400 MCKNIGHT EAST DR PITTSBURGH, PA 15237	Mailing Address 3400 MCKNIGHT EAST DR PITTSBURGH, PA 15237
--	--

DO NOT WRITE IN THIS SPACE



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number 23-1734719	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURPHY, JOHN A 3400 MCKNIGHT EAST DR PITTSBURGH, PA 15237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PETROW, PAMELA 3400 MCKNIGHT EAST DR PITTSBURGH, PA 15237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROGERS, TOM 3400 MCKNIGHT EAST DR PITTSBURGH, PA 15237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOFFMAN, JEFF W 3400 MCKNIGHT EAST DR PITTSBURGH, PA 15237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000133103
 04/27/04-80069-017 150.00

DO NOT WRITE IN THIS SPACE

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:  **4/23/04** (417) 364-2600

SIGNATURE (NOT TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #