


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000002167

1. Entity Name
VECTOR SECURITY, INC.



Principal Place of Business Mailing Address

**3400 MCKNIGHT EAST DR
 PITTSBURGH, PA 15237** **3400 MCKNIGHT EAST DR
 PITTSBURGH, PA 15237**



DO NOT WRITE IN THIS SPACE

06302005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
23-1734719 Not Applicable

5. Certificate of Status Desired **\$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**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
 Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

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

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 07/12/05-80003-008 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **PAMELA PETROW** **7/8/05** **(412) 364-2600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #