

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 FEB -5 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F96000002167

1. Corporation Name

VECTOR SECURITY, INC.

2. Principal Office Address

3400 MCKNIGHT EAST DR  
Suite, Apt. #, etc.

3. Mailing Office Address

3400 MCKNIGHT EAST DR  
Suite, Apt. #, etc.

City & State

PITTSBURGH, PA

City & State

PITTSBURGH, PA

Zip

15237

Country

USA

Zip

15237

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/1970

5. FEI Number

23-1734719

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 9783

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

200011798192

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

02705703--01011--010 \*\*1658.75

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*K.A.S.* Kevin A. Sebasta, Asst. Sec.

Date 1-30-03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JOHN A. MURPHY	3400 MCKNIGHT EAST DR	PITTSBURGH, PA 15237
VP	PAMELA PETROW	3400 MCKNIGHT EAST DR	PITTSBURGH, PA 15237
VP	TOM ROGERS	3400 MCKNIGHT EAST DR	PITTSBURGH, PA 15237
T	JEFF W. HOFFMAN	3400 MCKNIGHT EAST DR	PITTSBURGH, PA 15237

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Jeff W. Hoffman*

JEFF W. HOFFMAN

1/28/03 (412) 364-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR-ZE081 (10/02)