

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

07 APR 26 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *F97000000565*

1. Entity Name

Loomis Armored US, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2500 City West Boulevard

3. Mailing Address
2500 City West Boulevard

Suite, Apt. #, etc.
Suite 900

Suite, Apt. #, etc.
Suite 900

City & State
Houston, TX

City & State
Houston, TX

Zip
77042

Country

Zip
77042

Country

4. FEI Number
75-0117200

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

500101234585
05/02/07--01051--026 **150.00

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CT Corporation System

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

1200 South Pine Island Road

City
Plantation

FL

Zip Code
33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January, February, March, April, May, June, July, August, September, October, November, December
After May 1st Fee is \$550.00
After May 1st Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Director, COB, President, COO
Calvin L. Murri
2500 City West Blvd., Suite 900
Houston, TX 77042

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Director, EVP, CFO and Secretary
Shirley R. Jefferies
2500 City West Blvd., Suite 900
Houston, TX 77042

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Director
Frederick W. London
4330 Park Terrace Drive
Westlake Village, CA 91361

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Shirley R. Jefferies* Shirley R. Jefferies

4/20/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)