

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000002792 (6)

1. Corporation Name
LPAML SECURITY, INC.



Principal Place of Business
300 EAST RANDOLPH DRIVE
SUITE 4322
CHICAGO IL 60601

Mailing Address
300 EAST RANDOLPH DRIVE
SUITE 4322
CHICAGO IL 60601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/28/1997

4. FEI Number
36-3792685

Applied For
Not Applicable

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☐ DELETE
NAME LOFTON, ELIZABETH I
STREET ADDRESS 200 EAST RANDOLPH DR., STE 4357
CITY-ST-ZIP CHICAGO IL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ZIP = 60601

TITLE VS ☐ DELETE
NAME BRAME, VICTOR E
STREET ADDRESS 200 EAST RANDOLPH DR., STE 4357
CITY-ST-ZIP CHICAGO IL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ZIP = 60601

TITLE D ☐ DELETE
NAME DAWSON JR, CUBIE H
STREET ADDRESS 40 MASSACHUSETTS AVE., N.E. 2ND FL-W
CITY-ST-ZIP WASHINGTON DC

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 15 VANDERBILT AVENUE, SUITE HALL A
3.4 CITY-ST-ZIP NEW YORK, NEW YORK 10017

TITLE D ☐ DELETE
NAME ESLE, CHARLES K
STREET ADDRESS 200 EAST RANDOLPH DR., STE 4322
CITY-ST-ZIP CHICAGO IL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ZIP = 60601

TITLE D ☐ DELETE
NAME WILSON, WILEY
STREET ADDRESS 5451 SOUTH JASPER WAY
CITY-ST-ZIP AURORA CO

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ZIP = 80015

TITLE D ☐ DELETE
NAME YONKER, GARY C
STREET ADDRESS 200 EAST RANDOLPH DR., STE 4322
CITY-ST-ZIP CHICAGO IL

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME YONKER, GARY C.
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ZIP = 60601

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Elizabeth Lofton

1/14/98

(312) 228-2234

CR2E034 (10/97)