

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90007 043 ***150.00

DOCUMENT # F97000002792

1. Corporation Name

LPAML SECURITY, INC.

Principal Place of Business

200 EAST RANDOLPH DRIVE
SUITE 4322
CHICAGO IL 60601

Mailing Address

200 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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOFTON, ELIZABETH I	1.2 NAME	
STREET ADDRESS	200 EAST RANDOLPH DR., STE 4357	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60601	1.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAME, VICTOR E	2.2 NAME	
STREET ADDRESS	200 EAST RANDOLPH DR., STE 4357	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60601	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWSON JR, CUBIE H	3.2 NAME	
STREET ADDRESS	15 VANDERBILT AVE, STE HALL A	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESLER, CHARLES K	4.2 NAME	
STREET ADDRESS	200 EAST RANDOLPH DR., STE 4322	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60601	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, WILEY	5.2 NAME	
STREET ADDRESS	5451 SOUTH JASPER WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	AURORA CO 80015	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNKER, GARY C	6.2 NAME	
STREET ADDRESS	200 EAST RANDOLPH DR., STE 4322	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60601	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

Elizabeth I. Lofton

REQUIRED

Elizabeth I. Lofton

2/2/99

(312) 228-2070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)