2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# F97000003547

Entity Name: SECURITAS SECURITY SYSTEMS USA, INC.

Current Principal Place of Business:

4995 AVALON RIDGE PKWY.
SUITE 150
NORCROSS, GA 30071

New Principal Place of Business:

Current Mailing Address:

4330 PARK TERRACE DRIVE
WESTLAKE VILLAGE, CA 91361

New Mailing Address:

FEI Number: 95-4638962 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, STE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCED ( ) Delete
Name: LOHNE, BJORN
Address: 4995 AVALON RIDGE PKWY.,#150
City-St-Zip: NORCROSS, GA 30071

Title: VPT ( ) Delete
Name: FERENS, RICHARD
Address: 4330 PARK TERRACE DRIVE
City-St-Zip: WESTLAKE VILLAGE, CA 91361

Title: VPD ( ) Delete
Name: LOBDELL, KEVIN M
Address: 4995 AVALON RIDGE PKWY.#150
City-St-Zip: NORCROSS, GA 30071

Title: S ( ) Delete
Name: FOX, JAMES H
Address: 4330 PARK TERRACE DRIVE
City-St-Zip: WESTLAKE VILLAGE, CA 91361

Title: AS ( ) Delete
Name: PARK, ALBERT Y
Address: 4330 PARK TERRACE DR.
City-St-Zip: WESTLAKE VILLAGE, CA 91361

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: COOD ( ) Change (X) Addition
Name: GUAY, MARTIN
Address: 4995 AVALON RIDGE PKWY., SUITE 150
City-St-Zip: NORCROSS, GA 30071

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT Y. PARK AS 04/19/2006

Electronic Signature of Signing Officer or Director — Date